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ABSTRACT

This bulletin serves as a guide for the conduct of pupil appraisal services in Louisiana. It includes procedures, standards, and criteria for identifying children eligible for special education and/or related services. In addition, a general description of pupil appraisal services encompasses personnel, responsibilities, rights of students and parents, and timelines to be observed. Criteria for eligibility, screening, and evaluation procedures are detailed for the following exceptionalities: adapted physical education, autism, behavior disordered, deaf-blind, slow learner, emotionally disturbed, gifted, handicapped infants, hearing impaired, hospital/homebound, learning disabled, mentally retarded, multi-handicapped, non-categorical preschool handicapped, orthopedically handicapped, other health impaired, severe language disordered, speech impaired, talented, and visually handicapped. (Author/GK)

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State of Louisiana

Department of Education

Pupil Appraisal Handbook

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Bulletin 1508

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J. Kelly Nix
State Superintendent

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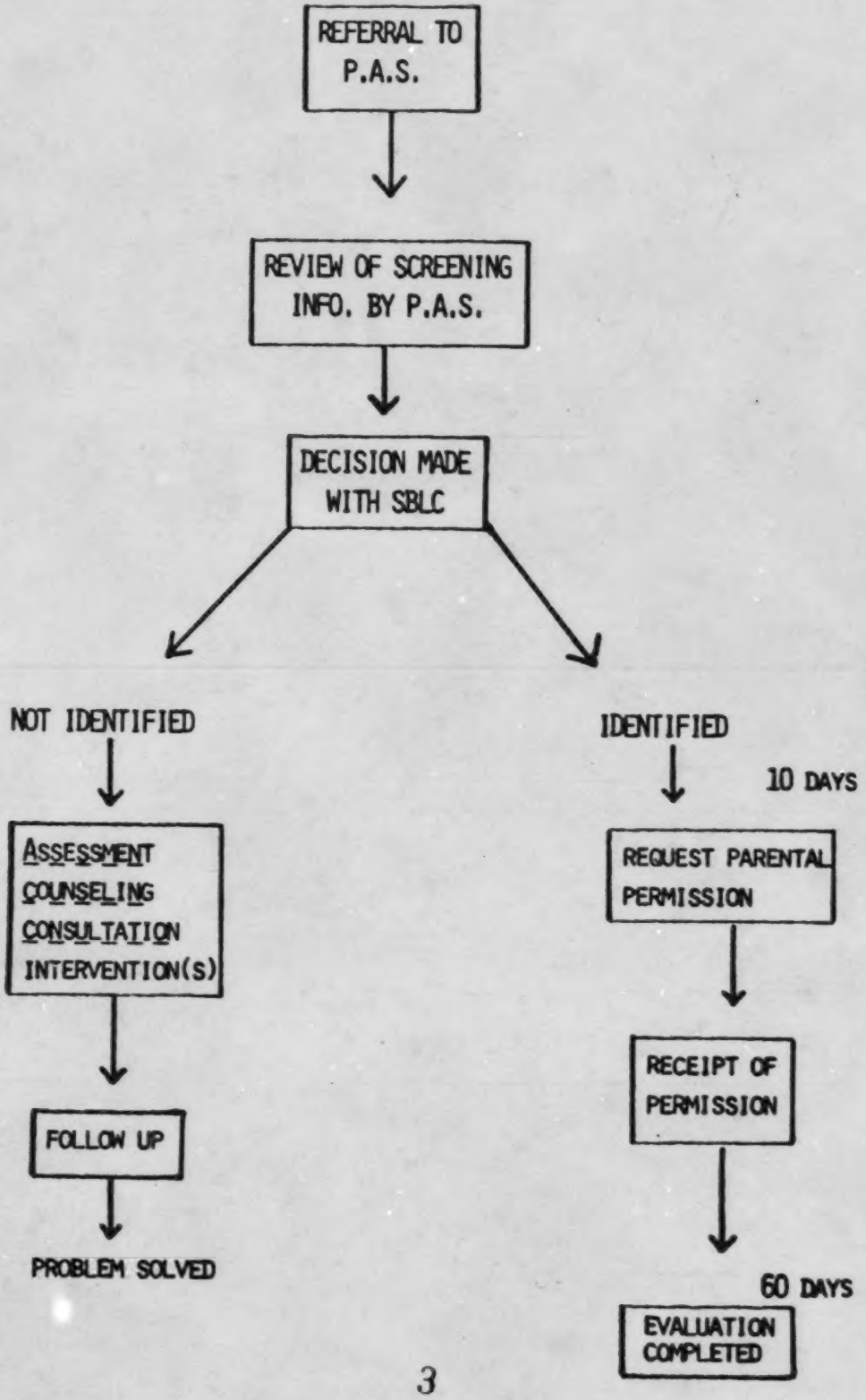
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DECISION MADE WITH SBLC
NOT IDENTIFIED
ASSESSMENT
COUNSELING
CONSULTATION
INTERVENTION(S)
FOLLOW UP
PROBLEM SOLVED
IDENTIFIED
10 DAYS
REQUEST PARENTAL PERMISSION
RECEIPT OF PERMISSION
60 DAYS
EVALUATION COMPLETED

Pupil Appraisal Handbook

Bulletin 1508

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PREFACE

Bulletin 1508 is a guide for the conduct of pupil appraisal services in the State of Louisiana. It includes procedures, standards and criteria for identifying children eligible for special education and/or related services. In addition, a general description of pupil appraisal services encompasses personnel, responsibilities, rights of students and parents, and timelines to be observed.

In all cases Bulletin 1508 is intended to comply with Act 754 Regulations and other relevant legislation.

This handbook is the result of the combined efforts of the staff of the Office of Special Educational Services, a task force of Supervisors of Special Education, and numerous individuals and professional groups throughout the state.

The input received from such sources as Superintendents, State Department Specialty Area Supervisors, Supervisors of Special Education, Directors of Pupil Appraisal Services, parent advocacy groups, field based pupil appraisal professionals, university faculty and professional associations, was invaluable in the revision of this Bulletin, and we wish to express our appreciation to each of these individuals and groups for their commitment of time and expertise in this endeavor.

Special thanks are due to Mrs. Toni Bennett, Ms. Claire Belanger, Ms. Eileen Crow, Mrs. Billie Cunningham, Mr. Roger James, Dr. Tama Luther, Ms. Beverly Martin, Ms. Edna McManus and Dr. John Taylor, the staff of the Bureau of Psychological and Social Work Services, for their dedication, patience, and coordination of the project. We wish also to thank Dr. Wayne Greenleaf, Dr. Kate Nelson, Ms. Callie Cooper, and Ms. Patricia Boos for their valuable assistance in streamlining and revising the many drafts of this Bulletin.

The development of a document such as this requires many drafts and constant revision. We wish to express our thanks to Mrs. Patricia Waller for her many hours spent typing and revising the format of the Bulletin, and to Mrs. Laurie Babin and Ms. Jolene David for assisting Mrs. Waller.

Finally, we wish to express our appreciation to Superintendent J. Kelly Nix for his support and leadership in the revision of this handbook.

TABLE OF CONTENTS

Page

Preface i

PUPIL APPRAISAL SERVICES: GENERAL OPERATIONAL PROCEDURES AND SYSTEMS DESCRIPTION

I. Pupil Appraisal Services 1

A. Description 1
B. Qualified Examiners 1
1. Pupil Appraisal Personnel 2
2. Private Practitioners/Employees of Other Agencies. 3

II. General Screening Procedures 4

A. Definition 4
B. Educational Screening 4
C. Sensory Screening 4
D. Speech and Language Screening 6
E. Motor Screening 6
F. Referral 7
G. Formal Parental Approval. 7

III. Individual Evaluation 8

A. Individual Evaluation Process 8
B. Definition 8
C. Evaluation Objectives 8
D. Initiation of the Individual Evaluation 9
E. Evaluation Coordination 9
F. Components of the Individual Evaluation 12
G. Re-evaluation 15
H. Independent Individual Evaluation 16
I. Evaluation Report. 17
J. Evaluation Timelines. 18

IV. Interim Placements for Evaluation Purposes 20

V. Confidentiality of Information. 21

CRITERIA FOR ELIGIBILITY, SCREENING, AND EVALUATION PROCEDURES FOR EACH EXCEPTIONALITY

Introduction 23

Definition of Exceptional. 24

Adapted Physical Education 25
Autism 27
Behavior Disordered 32
Deaf-Blind. 36
Educationally Handicapped/Slow Learner 38
Emotionally Disturbed 32
Gifted. 41
Handicapped Infants 45
Hearing Impaired 47
Hospital/Homebound 49
Learning Disabled. 51
Mentally Retarded 54
Multi-Handicapped 59
Non-Categorical Preschool Handicapped 60
Orthopedically Handicapped 63
Other Health Impaired or Handicapped. 65
Severe Language Disordered 67
Speech Impaired 69
Talented. 73
Visually Handicapped 75
APPENDIX
Appendix A-Clarification of Terms 77
Appendix B-Expanded Role Requirements 79
Appendix C-Renzulli-Hartman Scale 81

PUPIL APPRAISAL SERVICES:
GENERAL OPERATIONAL PROCEDURES AND
SYSTEM DESCRIPTION

I. PUPIL APPRAISAL SERVICES

A. Description

Pupil appraisal services are an integral part of the total instructional program of a school system. The purpose of pupil appraisal services is to assist children who have learning problems, adjustment problems, or other special needs by providing services to students, parents, teachers, and other school personnel including:

1. Assistance to teachers in the development and implementation of behavioral and/or instructional interventions.

2. Evaluation of children to determine need for special services, such as special education.

3. Consultation with parents, teachers, and other personnel on topics such as instructional or behavioral modifications, exceptional children, and child development.

4. Inservice training on selected topics to school personnel.

5. Interpretation of evaluation findings to school personnel and parents.

6. Direct support services to student with learning or behavior problems.

7. Related services to exceptional students.

While a majority of children referred for pupil appraisal services may be suspected of being exceptional and in need of special education and related services, pupil appraisal personnel are not limited to providing services solely to this population. Many students experiencing learning problems can be helped through pupil appraisal services in the regular classroom, enabling the student to benefit from the regular instructional program and eliminating the need for special education. A major goal of pupil appraisal personnel is to be a child advocate and to assist students to remain in and profit from the regular education program whenever possible. When a child needs special education, pupil appraisal personnel should assist the teachers and parents of the child to provide an appropriate special education program.

B. Qualified Examiners

Public Law 94-142 and Act 754 require that a child suspected of being exceptional receive a comprehensive multidisciplinary evaluation conducted by qualified examiners. Qualified examiners include pupil appraisal professionals certified by the State Department of Education, or as described in this section for other agencies or private practice.

1. Professional members of a pupil appraisal system include educational assessment teachers, school social workers, school nurses, adaptive physical education specialists, speech/hearing/language specialists, optometrists, occupational therapists, physical therapists, audiologists, medical doctors, educational consultants, and school psychologists.

School systems shall regularly employ certified pupil appraisal personnel to conduct individual evaluations, but may also:

- Utilize qualified examiners who are available from the Department of Health and Human Resources, the Department of Corrections, the State Board Special Schools, or other public agencies.
- Contract with private qualified examiners to provide specialized assessments.
- Utilize the student's teacher as specified in Evaluation Coordination, III D.2.b.(5).
- Use a combination of the approaches listed above.

Regardless of the approach used for conducting individual evaluations, school systems retain full responsibility for the individual evaluation. Any failure by an employee or contractor to meet the requirements of this Bulletin constitutes a failure by the school system to comply with Act 754 Regulations.

While various professionals are typically identified with certain "types" of evaluation procedures, there is overlap in training which may allow a professional to conduct more than one type of evaluation. For instance, persons certified in school psychology whose training meets the Standards for Training Programs in School Psychology or who meet the Expanded Role Requirements (Appendix B) may conduct educational as well as psychological evaluations of children (psycho-educational assessment). Educational assessment teachers, psychologists, and speech/hearing/language specialists may each, through training, be able to conduct evaluations of children using instruments which assess some aspect of language functioning. Any of these professionals may have been trained to assess adaptive behavior and to utilize such instruments as the System of Multicultural Pluralistic Assessment (SOMPA), Socio-Cultural Scales or Health History. However, one qualified examiner may not be the only evaluator on a given child's evaluation.

2. Professionals who provide evaluations and either are engaged exclusively in private practice or in the employ of another State Agency must be licensed by their respective statutory professional board and qualified through training to conduct evaluations. Certification by the State Board of Elementary and Secondary Education is not required for these persons.

The results of an evaluation conducted by these professionals may be utilized by a school system in determining a student's eligibility for special education. It remains the school system's responsibility to ensure that the child is evaluated and eligibility determined in accordance with the requirements of Bulletin 1508.

Professionals recognized by the State Board of Elementary and Secondary Education to conduct pupil appraisal evaluations in private settings or in other agencies without certification by the Department of Education include psychologists (licensed with a speciality registered with the Louisiana State Board of Examiners of Psychology in Educational, Developmental, Clinical, Counseling, or School Psychology), social workers, audiologists, speech pathologists, occupational therapists, physical therapists, optometrists, nurses, and medical doctors. Educational assessment teachers or educational consultants are required to be certified by the Department of Education since licensure for independent practice does not exist. Psychological assistants and unlicensed psychologists must be supervised by a licensed psychologist, and if the psychological assistant or unlicensed psychologist is not certified in school psychology, the supervising psychologist must co-sign the evaluation report.

II. GENERAL SCREENING PROCEDURES

A. Definition

Screening is a process of collecting and reviewing information about the physical, learning or behavior characteristics of individuals birth through 21 for the purpose of identifying those who are possibly exceptional.

B. Educational Screening

1. A school system shall identify a student enrolled in the regular education program as suspected of being exceptional only by conducting and documenting results of the following activities:

   a. A review of the results of sensory screening and of the student's educational and general health history conducted by school personnel.

   b. A review of the child's academic and social performance, language and communication skills, and motor proficiency conducted by the student's teacher(s).

   c. A teacher/parent communication concerning the student's specific problem or exceptional skills.

   d. At least one regular education intervention or adjustment appropriate to the student's age and learning/behavior problems. Interventions or adjustments include remedial or compensatory education, retention, instructional methodology or curricular changes, behavior management programs, or school/teacher/schedule changes. Children suspected of speech problems only, being gifted or talented, or described in F. 2 below are exempted from this requirement.

   e. A review of the initial screening information and any intervention efforts by the student's teacher with a committee of at least two school staff members (such as the principal, teacher, counselor, pupil appraisal personnel, or other professional staff). The committee shall make recommendations or provide assistance to the student's teacher(s) for regular education interventions or adjustments.

C. Sensory Screening

1. Hearing screening must be conducted for all new students entering the school system, all kindergarten and first grade students, and all students every two years through grade seven, by appropriately trained personnel.

   a. Hearing screening is to be considered current only if normal results have been obtained within the past year and

(1) No apparent hearing problems are currently being exhibited by the student, and

(2) There is no history of acute or chronic ear infections or persistent head colds.

b. A child is identified as "at-risk" for hearing impairment should one of the following conditions exist:

(1) Loss of 30db in one of 500, 1000 or 2000 Hz frequencies in at least one ear, or

(2) Loss of 25db in two or more frequencies in at least one ear.

(3) Middle ear pressure outside the range of -200 and +50 mm H_2O in either ear.

(4) Excessively stiff or flaccid tympanogram in either ear.

c. Children for whom specific audiometic test results cannot be obtained due to age or degree of involvement or for whom informal hearing tests results do not rule out the possibility of a hearing loss should be considered "at risk." The extent of the child's hearing loss must be determined, using electrophysiological techniques when necessary, prior to further assessment/intervention which may be affected by the impairment.

2. Vision screening must be conducted for all new students entering the school system, all kindergarten and first grade students, and all students every two years thereafter, and may be conducted by appropriately trained individuals.

a. Vision screening is to be considered current only if normal results have been achieved within the past year, and

(1) No apparent vision problems are currently being exhibited by the child, and

(2) There is no history of eye infections, either acute or chronic.

b. A child's vision is considered "at risk" as dictated by the criteria in the manual of the instrument used for testing. Vision screening must include tests for the following:

(1) acuity (near point and far point)

(2) color blindness

(3) muscle balance

c. If the required techniques are unsuccessful due to immaturity, physical or mental ability, adapted methods of testing shall be utilized to determine the exent of the loss prior to further assessment/intervention which may be affected by the impairment.

D. Speech and Language Screening

1. Speech and language screening is conducted only on those children about whom there is some concern in communication skills.

2. The tasks, items or tests used in screening should include a sampling of the following:

   a. Auditory Processing Skills (e.g., reception, discrimination)

   b. Articulation

   c. Receptive and Expressive Language

   d. Voice

   e. Fluency

   f. Oral Motor Functioning

   g. Oral Structure

E. Motor Screening

Motor screening is accomplished through the observation of the student's motor skills by the student's regular and physical education teacher. The evaluation coordinator shall ensure that motor screening is conducted by pupil appraisal personnel during the evaluation for children not enrolled in school. Examples of behavior which may indicate a need for a motor evaluation are:

a. Lack of strength, endurance, flexibility.

b. Difficulty with balance activities.

c. Failure to show opposition of limbs when walking, sitting, throwing.

d. Lack of control with ball skills.

e. Difficulty in crossing the vertical midline.

f. Poor sense of body awareness.

g. Difficulty in remembering motor sequences.

F. Referral

1. The school committee referral shall be made through the principal to pupil appraisal services and shall include documentation of all screening activities.

2. Concurrent with the screening activities, an immediate referral may be made to pupil appraisal services for an individual evaluation of any child suspected of a severe or low-incidence impairment, or who has been determined by school building level personnel to be a danger to himself or others.

3. Notification of each referral shall be provided to the school system child search coordinator.

G. Formal Parental Approval

1. For an initial evaluation the school system must obtain formal parental approval. If the parent denies, or fails to give formal approval for the individual evaluation, the school system may seek appropriate legal actions.

2. Formal parental approval is not required for the re-evaluation of a student currently enrolled in a special education program, but full and effective notice must be provided to the parents prior to the re-evaluation.

III. INDIVIDUAL EVALUATION

A. Individual Evaluation Process

The final determination of whether or not a child is an exceptional child and the nature and extent of needed special education and related services must be based on a comprehensive assessment, integrating information drawn from different assessment sources. The depth of the assessment will vary based on the suspected exceptionality, review of screening information and data collected during the evaluation process. Each individual evaluation shall consist of the pupil appraisal assessment program and/or a diagnostic assessment. All assessments shall be conducted in accordance with this Bulletin.

B. Definition

An Evaluation is defined as a systematic process of review, examination and interpretation of intervention efforts, test results, interviews, observations, and other assessment information relative to predetermined criteria. The product of the evaluation is a professional interpretation of the child's performance within various settings, those factors affecting the child's performance, the nature and extent of the child's impairment or exceptional ability, and the need for special education and related services, other interventions, or instructional adjustments. Evaluation is not synonymous with testing.

The ultimate goal of the individual evaluation process is to provide information to educators which will facilitate future educational programming for the student.

C. Evaluation Objectives

The objectives of an individual evaluation are to:

1. Determine whether a child has an impairment or condition which would result in the child's being classified as exceptional.

2. Determine the nature and extent of such impairment or condition.

3. Determine the effect of the impairment on the educational performance of the student.

4. Determine the need for special education and related services.

5. Recommend types of instruction and related services to meet the assessed needs of the student.

D. Initiation of the Individual Evaluation

1. An individual evaluation shall be initiated whenever the child is not enrolled in special education and one of the following conditions exists:

   a. A written request from a parent has been received and the school system agrees with the request.

   b. Formal parental approval for the individual evaluation has been requested and received by the school system.

   c. A final written decision has been issued by a court of competent jurisdiction requiring that an individual evaluation be conducted.

   d. A written request for an individual evaluation has been issued by a hearing officer or the State Board of Elementary and Secondary Education during an impartial hearing or review.

2. An individual re-evaluation shall be initiated whenever the student is enrolled in special education and:

   a. It is requested in writing by the student's parent(s).

   b. It is requested in writing by the student's teacher or by the parish special education supervisor.

   c. A significant change in educational placement of a student is proposed by the school system, the parent or both.

   d. The third anniversary of the last individual evaluation is reached.

   e. A final written decision has been issued by a court or jurisdiction requiring that an individual evaluation be conducted.

3. A school system is not required to conduct an individual evaluation of an exceptional student who has transferred into its jurisdiction from another jurisdiction if that student received, during the past three years, an evaluation which met all requirements of Bulletin 1508.

E. Evaluation Coordination

Upon identification of a child suspected of being exceptional, a qualified pupil appraisal staff member shall be designated as evaluation coordinator to coordinate the evaluation. While this assignment is the responsibility of the individual designated by the school system to direct the pupil appraisal system, it is recommended that the evaluation coordinator be selected on a case by case basis by and from the pupil appraisal personnel assigned to the school. The determination of the evaluation coordinator should be based upon the child's specific problems and such other factors as the expertise, caseload, and other responsibilities of each pupil appraisal staff member. Evaluation coordinator is not a position; therefore one individual shall not be routinely designated this responsibility.

1. The following pupil appraisal personnel may serve as evaluation coordinators in the school system:

   a. Educational Assessment Teacher

   b. School Psychologist

   c. Speech Pathologist or Speech/Hearing/Language Specialist

   d. Educational Consultant

   e. School Social Worker

   f. Occupational Therapist

   g. Physical Therapist

   h. Nurse

2. Responsibilities of evaluation coordinator:

   a. Initial responsibilities:

      Within 10 operational days of receipt of the referral for an individual evaluation of an identified child, the evaluation coordinator shall ensure that:

      (1) An interview with the student's teacher(s) is conducted to clarify specific referral concerns and develop the initial evaluation questions.

      (2) The type of individual evaluation to be conducted (i.e., pupil appraisal assessment program and/or diagnostic assessment) is determined according to the procedures for evaluation as specified in Bulletin 1508.

      (3) The child's parents are notified of the initial evaluation concerns and the type of evaluation to be conducted, and upon request, are provided advance notice of the time, dates, and places of conduct of assessments.

      (4) Formal parental approval to conduct the individual evaluation is requested.

      (5) The child shall be referred to other appropriate agencies for screening/assessment/evaluation services for which the child or parent may be either financially or categorically eligible. The child may also be entitled to services other than those available through the educational system.

b. Selection of Participating Disciplines:

Upon receipt of parental approval for the evaluation, the evaluation coordinator shall determine all appropriate disciplines necessary for the individual evaluation. The following guidelines shall apply:

(1) If a low incidence handicapping condition is suspected, statewide assessment resources which meet state standards must be considered.

(2) If a sensory or other physical impairment is suspected, an appropriate diagnostic assessment must be conducted by a physician or other qualified examiner with specialized training and experience in the diagnosis and treatment of the particular physical condition.

(3) If mental retardation is suspected, an appropriate diagnostic assessment must be conducted by a psychologist certified by the Department of Education who meets the State Board of Elementary and Secondary Education approval standards, or, where appropriate, by a physician or neuropsychologist skilled in the diagnosis and treatment of neurological conditions.

(4) If severe emotional disturbance is suspected an appropriate diagnostic assessment must be conducted by a psychiatrist or by a psychologist who is licensed to practice psychology and is listed in or meets the standards for the current edition of the National Register of Health Service Providers in Psychology.

(5) If a student is suspected of being mild/moderate speech impaired, gifted, talented, hospital/homebound, or in need of the required three-year re-evaluation, the student's teacher may serve as one of the two qualified examiners.

c. Procedural Responsibilities:

The evaluation coordinator shall also ensure that:

(1) Each individual evaluation is based on a comprehensive compilation of information drawn from a variety of sources.

(2) The child is evaluated in each area of suspected exceptionality.

(3) Full and complete records collected or generated in connection with an individual evaluation are maintained in accordance with confidentiality requirements.

(4) The results of any previously conducted specialist's evaluation should be obtained by securing written parental authorization for the release of these records.

(5) An integrated report describing the findings and recommendations of the evaluation process is prepared, and a copy provided the supervisor of special education.

(6) The evaluation findings and recommendations are interpreted for the student's teacher(s).

(7) A copy of the integrated report and an oral explanation of the findings and recommendations are given the child's parent(s) within prescribed timelines (see page 18).

(8) A pupil appraisal staff member who participated in the evaluation is designated to attend the IEP Committee meeting to assist in the development of the IEP.

F. Components of the Individual Evaluation

The components of the individual evaluation may be conducted concurrently or separately.

1. Pupil Appraisal Assessment Program

The pupil appraisal assessment program is a process of assembling information about a student, through informal procedures or techniques, in order to form practical school decisions on the student's behalf. The program is classroom-based, conducted by pupil appraisal staff working in conjunction with the student's teacher(s). It can be conducted prior to or concurrent with diagnostic assessment. In some cases the pupil appraisal assessment program may be the only necessary component of the individual evaluation, (i.e., where the referral concerns are resolved through workable academic and/or behavioral interventions). When the results of any part of diagnostic assessment impact on the design or implementation of an intervention, those results should be integrated into planning for the student.

The pupil appraisal assessment program may be provided for any individual student but is required by the Criteria for Eligibility for specific exceptionalities. Exceptions may be made only when it is the judgment of the pupil appraisal staff that interventions and adjustments in the regular program have been exhausted or are impractical due to the severity of the student's difficulties. Such exceptions shall be fully documented in the individual evaluation report.

The pupil appraisal assessment program shall include the following:

a. Sensory screening, if not previously conducted.

b. A review of the student's educational, social and medical history.

c. An interview by pupil appraisal personnel with the student's teacher in order to specify and behaviorally define the areas of concern, determine the teacher's expectations for the student and class, and clarify any previous interventions.

d. Systematic observation and study of the student's academic and/or social behaviors in daily activities conducted by pupil appraisal personnel.

e. The development and implementation of individual behavioral or instructional interventions designed to improve the student's academic or social behavior which is conducted for a reasonable period of time. It must be conducted or directed by pupil appraisal personnel, include the systematic measurement of the academic and/or social behaviors, and consist of such techniques as:

(1) Restructuring the classroom/school enviornment,

(2) Peer tutoring,

(3) Classroom-based reinforcement techniques,

(4) Behavior modification/therapy in the classroom,

(5) Combined home/school behavior change program,

(6) Individual or group counseling/therapy, or

(7) Modification of the curriculum and/or instructional approach.

When the pupil appraisal assessment program is prolonged due to the nature of the intervention(s), the student's parents should be given periodic progress reports.

2. Diagnostic Assessment

Diagnostic Assessment may include those procedures, instruments and sources of information used to assist in determining if a child may be classified as exceptional in accordance with Act 754 Regulations and the criteria specified in Bulletin 1508.

a. The required diagnostic assessment is specified in the evaluation procedures for each exceptionality and may include but is not limited to such activities as:

(1) Systematic classroom observation.

(2) Educational, developmental and adaptive behavior assessment.

(3) Psychological, psychiatric, social and medical evaluations.

(4) Interviews with parents and teachers.

(5) Speech and language evaluations.

(6) Other evaluations determined to be necessary by the evaluation coordinator.

b. All diagnostic assessments shall be conducted according to the following standards.

(1) No single procedure may be used as the sole criterion for determining an appropriate educational program for the child. A variety of instruments, procedures, and sources of information shall be utilized.

(2) Tests and other evaluation materials shall be:

(a) Tailored to assess specific areas of educational need.

(b) Recommended by their producer and validated adequately for the specific purpose(s) for which they are used.

(c) Appropriate for the age and stage of development of each person to whom they are administered.

(d) Utilized in such a manner as to be free of racial, cultural, language, or sex bias. No unapproved individual IQ test may be administered as part of any individual evaluation, screening, or assessment. A formal request for approval by the State Board of Elementary and Secondary Education must be accompanied by a report signed by the Superintendent of Education which sets forth in detail and convincingly demonstrates that the test, with respect to the use or uses proposed, is free of racial and cultural bias, has been standardized, and is reliable and valid for use with children of the specified racial and cultural groups. In no event shall an IQ score be reported or recorded in any individual child's individual evaluation report.

(e) Written and administered in the native language or conducted in the mode of communication most familiar to the person being assessed (e.g. nonverbal intellectual assessment of deaf children), unless it can be demonstrated that it is infeasible to do so.

(f) Selected to ensure that when a test is administered to a child with impaired sensory, manual or speaking skills, the test results accurately reflect the factor(s) the test purports to measure rather than reflecting the child's impaired sensory, manual, or speaking skills (except where those skills are the factors the test purports to measure).

3. Nondiscriminatory intellectual assessment procedures must meet the following guidelines:

a. Whenever it is necessary to conduct an individual intellectual assessment as a component of a diagnostic assessment, the examiner shall review all available pertinent information regarding the child, the child's family, and the socio-cultural background of the child.

(1) If it can be clearly documented from this information that the child's background is representative of the socio-economic and socio-cultural heritage of the majority of the sample used in standardizing the intellectual assessment instrument to be used, the results of the instrument may be used directly.

(2) In all other cases the Socio-Cultural Scales of the System of Multicultural Pluralistic Assessment (SOMPA) shall be used as a component of the evaluation.

b. When the Socio-Cultural Scales are used, and when the child is 5 to 12 years of age and Anglo, Black, or Hispanic, the Estimated Learning Potential (ELP) shall be calculated and used as one indicator of intellectual abilities. A child may have an ELP above the range for retardation but still be retarded if there is sufficient data to indicate that the ELP is invalid. The examiner must take into account adaptive behavior, years in special education, home environment and family support, curriculum, language and all other relevant factors when interpreting these scores.

c. When the Socio-Cultural Scales are used and the child is outside the age range or ethnic groups of the SOMPA, the results of the standard intellectual measurement shall be interpreted by the psychologist taking the socio-cultural results into account.

d. The ELP shall not be substituted for the IQ without interpretation of the meaning and limitations of the scores for an individual child.

G. Re-evaluation

1. The re-evaluation of exceptional children shall consist of the following elements unless otherwise specified in the criteria for each exceptionality. The evaluation coordinator is responsible for judging the adequacy of all data, including that provided by the student's teacher, as a valid indicator of the student's current performance and for assuring that any other evaluation procedures deemed necessary or appropriate are conducted.

a A review of vision and hearing screening results in order to verify that a sensory deficit is not currently affecting educational performance.

b. A summary of academic progress provided by the classroom teacher(s).

c. A review of the IEP and the student's progress toward meeting the objectives.

d. A review of any standardized test scores, including all previous evaluation reports.

e. An observation of the student in the instructional setting, and, when appropriate, an interview with the student.

2. The required triennial re-evaluation should be scheduled to coincide with the annual IEP review whenever possible.

H. Independent Individual Evaluation

1. A parent has the right to an independent individual evaluation which meets the requirements of Bulletin 1508. This individual evaluation shall be at no cost to the parent in any of the following instances:

   a. If the parent gives written notice of disagreement with the evaluation provided by the school system and the school system agrees with the parent.

   b. If as a result of an impartial hearing, the hearing officer decides that the parent has the right to an independent evaluation for the child.

   c. If a hearing officer requests an independent evaluation as a part of a hearing, and the parent approves.

2. Parents have the right to obtain an individual evaluation at their own expense. Prior to obtaining a private evaluation parents should be advised to inquire if Bulletin 1508 standards will be met.

   a. The results of a privately obtained independent evaluation:

      (1) May be presented as evidence at a hearing under Subpart 509 of the Act 754 Regulations.

      (2) Must be considered but are not construed to supersede an individual evaluation obtained by the school system.

   b. Parents should be advised that in considering the privately obtained independent evaluation, the school system must:

      (1) Upon receipt of the privately obtained individual evaluation proceed within the timelines established in Subpart 436 of the Act 754 Regulations.

      (2) Review the report according to the criteria in Bulletin 1508 and the credentials of the individuals conducting the evaluation.

      (3) Weigh the recommendations in the report in accordance with their findings in the review.

(4) Inform parents of decisions reached regarding the evaluation and actions proposed by the school system.

(5) Consider the results in any decision made with respect to provision of a free appropriate public education.

I. Evaluation Report

The final written report must be a compilation of the data gathered during the individual evaluation, i.e., the pupil appraisal assessment program and/or diagnostic assessment. The data collected by pupil appraisal personnel must be integrated and written in language that is clear to the individuals who will use it.

1. The integrated written report must contain:

   a. The reason(s) for referral.

   b. The individual evaluation questions.

   c. A description of the evaluation procedures utilized to address each evaluation question.

   d. A description of the child's present level(s) of functioning.

   e. A description of the child's relative strengths and weaknesses.

   f. A description of the needs of the child in rank order of importance.

   g. A description of the impairment or condition which enables the child to be classified as eligible for special education services and the applicable exceptionality, when appropriate.

   h. Information sufficient to permit a determination of the reliability of the evaluation data for the total evaluation process to include cultural compatibility and suitability of the evaluative environment.

   i. An explanation of any discrepancies between formal test results and the child's customary behaviors and daily activities, or of any discrepancies among evaluation results.

   j. Recommendations for types of services necessary to meet the educational needs of the child to include the following:

      (1) Instructional techniques, modifications or adaptations.

      (2) Classroom behavior management strategies.

      (3) Need for a specially designed or adapted physical education program.

(4) The type of related services necessary for the child to benefit from special education.

(5) Need for extended duration of school year program.

k. A brief summary of the evaluation findings.

l. Names of assessment personnel participating in the evaluation.

m. Signatures of assessment personnel whose conclusions are accurately reflected in the report.

2. Attachments required by Criteria for Eligibility, Screening, and Evaluation Procedures for each exceptionality must be part of the report, e.g., psychologist's/psychiatrist's documentation of severe emotional disturbance.

3. Any extensions of the individual evaluation timeline must be explained and documented in the individual evaluation report.

4. If a participating appraisal person disagrees with the conclusion(s) in the integrated report, that person may submit a separate signed statement stating the disagreement and supporting data, and other conclusion(s) prior to the IEP meeting.

J. Evaluation Timelines

1. There shall be a period of no more than 10 operational days from the date of the receipt of referral for an individual evaluation of an identified child to the date when the request is made for parental approval to conduct the individual evaluation.

2. The evaluation report must be completed and disseminated within 60 operational days of receipt of parental approval unless a justified extension of time is required as specified.

3. An extension of time of no more than 30 operational days is permitted when:

a. The evaluation coordinator and the student's teacher(s) determine that the pupil appraisal assessment program should be extended.

b. Unusual circumstances, such as illness of the child, illness of a member of the child's family or of the pupil appraisal person working with the child, natural disaster, or catastrophe interrupt the completion of the individual evaluation.

c. The student has received an individual evaluation within the past three years, but the report has not yet been received by pupil appraisal services.

4. An extension of time of no more than 60 operational days is permitted when medical diagnostic assessment and/or specialized diagnostic assessment services not available in the school system are necessary for the completion of the individual evaluation.

5. Whenever formal parental approval for the initial evaluation of a child who is suspected of being exceptional is received within 30 operational days of the end of the school year, the evaluation coordinator may postpone the initiation of the evaluation to the first week of the next school year, or initiate the evaluation if it appears that the requirements of Subpart 436 of the Act 754 Regulations can be met. If the decision is to postpone or if the process, once initiated, cannot be completed, parents shall be given full and effective notice.

6. Any extensions of the individual evaluation timeline must be explained and documented in the individual evaluation report.

IV. INTERIM PLACEMENTS FOR EVALUATION PURPOSES

Children who have a severe or low-incidence impairment documented by a qualified professional may be initially enrolled in a special education program concurrent with the completion of the remainder of the individual evaluation. Such enrollments shall occur only if an interim IEP has been developed.

An example may clarify the intent of this section. A student has been evaluated by a physician and diagnosed as having a significant hearing problem. The physician's report is submitted to the school system, reviewed, and a determination made that although the evaluation adequately addressed the major impairment, it did not address the educational needs and functional level of the student. The student would be referred to pupil appraisal services for an individual evaluation, an interim IEP developed, and the student enrolled temporarily in an appropriate special education program.

Students entering a school program from out-of-system may also be placed with an interim IEP until appraisal personnel review evaluation data available and complete any portion of the individual evaluation necessary for writing an IEP and determining placement (see Act 754 Regulations, Subpart 416).

The duration of the interim IEP shall not exceed the evaluation timelines specified in Subpart 436 of the Act 754 Regulations, with the final IEP developed within 10 operational days of the completion of the individual evaluation.

Formal parental approval shall be obtained prior to any such temporary placement.

V. CONFIDENTIALITY OF INFORMATION

A. Each school system must permit parents to inspect and review any educational records directly relating to their children which are maintained by the school system or by a party acting for the school system.

B. School systems must comply with a parental request to inspect and review educational records without unnecessary delay and before any meeting regarding an individualized education program or hearing relating to the identification, evaluation, or placement of the child. In no case shall the compliance time exceed 30 operational days after the request has been made.

The right to inspect and review educational records includes:

1. Response from the school system to reasonable requests for explanations and interpretations.

2. Provision by the school system of copies of pertinent records containing information regarding their child.

3. The right to have a representative of the parent (authorized in writing) inspect and review the records.

C. The school system may presume that the parent has authority to inspect and review records relating to his or her child unless the agency has been advised that the parent does not have the authority under applicable state law governing such matters as guardianship, separation, and divorce.

D. The school system must keep a record of parties obtaining access to educational records (except access by parents and authorized employees of the school system) including the name of the party, the date access took place, and the purpose of the authorized use.

E. If any educational record includes information on more than one child, the parents shall have the right to inspect and review only the information relating to their child or to be informed of that specific information.

F. The school system shall provide parents, on request, a list of the types and locations of educational records collected, maintained, or used by the school system.

G. The school system may charge a fee for copies of records which are made for parents if the fee does not effectively prevent the parents from exercising their right to inspect and review those records.

H. A parent who believes that information in the educational record is inaccurate or misleading or violates the privacy or other rights of the child, may request, in writing, that the school system amend the information. The school system must decide whether to amend the information as requested and inform the parents of the decision within a reasonable period of time of

receipt of request. If the school system decides to refuse to amend the information, it must inform the parent of the right to a confidentiality hearing. The hearing must be provided in accordance with the requirements of 45 CFR 99 22.

I. Formal parental approval must be obtained before personally identifiable information is used for any purpose other than meeting a requirement under the Act 754 Regulations or disclosing to anyone other than officials of participating agencies collecting or using information for the purpose of the activities described in the Act 754 Regulations.

J. School systems must not release information from educational records to any persons or participating agencies without formal parental approval unless the disclosure is consistent with federal and state statutes.

K. School systems must protect the confidentiality of personally identifiable information at collection, storage, disclosure, and destruction stages.

1. One person designated by the school system must assume responsibility for ensuring the confidentiality of any personally identifiable information.

2. All persons collecting or using personally identifiable information must receive training or instruction regarding the policies and procedures set forth in the Act 754 Regulations.

3. School systems must maintain, for public inspection, a current listing of the names and positions of the employees who may have access to personally identifiable information.

L. School systems must inform parents when personally identifiable information collected, maintained, or used is no longer needed to provide educational services to the child. Subsequent to informing the parents that such information is no longer needed and providing copies of information requested by the parent(s), information may be destroyed; it must be destroyed if so requested by the parent. However, a permanent record of a student's name, address, phone number, grades, attendance record, classes attended, grade level completed, and year completed may be maintained without time limitation.

M. Information contained in the IEP or individual evaluation is considered personally identifiable information.

N. The provisions of Act 754 and its implementing regulations expressly extend to any records or other information concerning handicapped children collected or maintained by any agency, organization, or person.

CRITERIA FOR ELIGIBILITY,
SCREENING, AND EVALUATION PROCEDURES
FOR EACH
EXCEPTIONALITY

INTRODUCTION

This section of the handbook is intended primarily as a guide for pupil appraisal personnel when conducting individual evaluations of students suspected of being exceptional and in need of special educational and/or related services, and as a reference for persons requiring specific information regarding the determination of eligibility for inclusion in a special education program.

The Criteria for Eligibility describe the minimum data that must be obtained in order to classify a child as exceptional and in need of special educational and/or related services.

The Procedures for Evaluation specify minimal areas and depths of data collection, and at times suggest the professional who is usually most qualified to gather and interpret the data in a certain area.

Although this section serves as a guideline only, any deviations or exceptions shall be explained in writing.

DEFINITION OF EXCEPTIONAL

For a child to be considered an exceptional child under the Regulations Implementing Act 754, two conditions must exist.

First, the assessment data must indicate that:

1. An impairment is present, or

2. A requisite is present, such as exceptionally high abilities.

Second, an assessment of the current and past learning environment, and the educational progress of the child must demonstrate a need for special education services.

Only when both of the above are true is the child considered exceptional. Misclassification can occur in evaluating children by assuming that:

1. All impaired children need special educational services, or

2. All children with educational needs are exceptional.

ADAPTED PHYSICAL EDUCATION

I. DEFINITION

Adapted physical education is specially designed physical education for those exceptional students for whom significant deficits in the psychomotor domain have been identified. Adapted physical education emphasizes motor, perceptual, and cognitive development.

II. CRITERIA FOR ELIGIBILITY

A. Exceptional students ages 0-5.

Evidence of a motor deficit as demonstrated by performance at least one standard deviation below the mean for the child's chronological age on instruments which measure a broad range of fine and gross motor abilities. The standard error of measurement may be considered in individual cases. Some instruments used to assess children ages 0-5 may yield a developmental age score instead of a standard score. In such cases, the child must demonstrate at least a six-month delay in motor development.

B. Exceptional students ages 6-21.

1. Evidence of a motor deficit as demonstrated by performance at least one standard deviation below the mean for the child's chronological age on instruments which measure a broad range of fine and gross motor abilities. The standard error of measurement may be considered in individual cases.

2. Evidence that the student meets only 80% or fewer of the state identified chronologically based physical education competencies appropriate for his grade level.

    a. Students meeting 30-80% of grade level competencies shall be identified as mildly/moderately motor deficient.

    b. Students meeting 29% or fewer of the grade level competencies shall be identified as severely motor deficient.

III. PROCEDURES FOR SCREENING

A. See General Screening Procedures: Motor Screening.

B. Anecdotal records or observations of motor skills which document the specific concerns causing the referral conducted by the person responsible for the physical education program.

IV. PROCEDURES FOR EVALUATION

The evaluation shall include at a minimum:

A. An evaluation of motor abilities conducted by an adapted physical education teacher or professional trained or experienced in motor assessment (for students aged 0-21).

B. An evaluation of grade/age level physical education competencies conducted by physical education personnel (for students aged 6-21).

C. In those cases involving a severe physical impairment, a report of a medical examination giving a description of the impairment and any medical implications for physical education instruction is required.

NOTE: Recommendations for specific types of activities and/or adaptations necessary to meet the physical education needs of the student should be included in the evaluation report.

AUTISM

I. DEFINITION

Autism is a severe developmental disability which appears during the first three years of life and which is behaviorally defined to include disturbances in the rate of appearance and sequencing of developmental milestones, abnormal responses to sensations, delayed or absent speech and language, while specific thinking capabilities may be present, and abnormal ways of relating to people and things. The essential features include:

A. Disturbance of developmental rates and sequences. Normal coordination of the three developmental pathways (motor, social-adaptive, cognitive) is disrupted. Delays, arrests, and/or regressions occur among or within one or more of the pathways.

1. Within the motor pathway. For example, gross motor milestones may be normal while fine motor milestones are delayed.

2. Between pathways. Motor milestones may, for example, be normal while social-adaptive and cognitive milestones are delayed.

3. Arrests, delays and regressions. Motor development may be normal until age two when walking stops; some cognitive skills may develop at expected times while others are delayed or absent; imitative behavior and/or speech may be delayed in onset until age three, followed by rapid acquisition to expected developmental levels.

B. Disturbances of responses to sensory stimuli. There may be generalized hyper-reactivity or hypo-reactivity, and/or alternation of these two states over periods ranging from hours to months.

1. Visual symptoms: These may be close scrutiny of visual details; apparent non-use of eye contact; staring, prolonged regarding of hands or objects; attention to changing levels of illumination.

2. Auditory symptoms: There may be close attention to self-induced sounds; non-response or over-response to varying levels of sound.

3. Tactile symptoms: There may be over- or under-response to touch, pain, and temperatures; prolonged rubbing of surfaces; and sensitivity to food textures.

4. Vestibular symptoms: There may be over- or under-reactions to gravity stimuli, whirling without dizziness, and preoccupation with spinning objects.

5. Olfactory and gustatory symptoms: There may be repetitive sniffing, specific food preferences, licking of inedible objects.

6. Proprioceptive symptoms: There may be posturing, darting/lunging movements, hand flapping, gesticulations, and grimaces.

C. Disturbances of speech, language-cognition, and non-verbal communication.

1. Speech symptom examples: elective mutism; delayed onset; immature syntax; immature articulation; modulated but immature inflections.

2. Language-cognition symptom examples: specific cognitive capacities such as rote memory and visual-spatial relations intact with failure to develop the use of abstract terms, concepts and reasoning; immediate or delayed echolalia with or without communicative intent; non-logical use of concepts; neologisms.

3. Non-verbal communication examples: absent or delayed development of appropriate gestures, dissociation of gestures from language, and failure to assign symbolic meaning to gestures.

D. Disturbance of the capacity to appropriately relate to people, events, or objects. There is failure to develop appropriate responsivity to people and to assign appropriate symbolic meaning to objects or events.

1. Examples in relation to people: absence, arrests, and/or delays of smiling response, stranger anxiety, anticipatory response to gestures, playing peek-a-boo, patty-cake games or waving bye-bye, failure to make eye contact or display facial responsivity, failure to make appropriate reciprocal responsiveness to physical contact, and failure to develop a relationship with significant caretakers. For example, caretakers may be treated indifferently, interchangeably, with only mechanical clinging, or with panic at separation. Cooperative play and friendships, usually appearing between ages 5 and 7, may develop but are superficial, immature, and only in response to strong social cues.

2. Examples in relation to objects: absent, arrested, or delayed capacities to use objects and/or toys in an age-appropriate manner and/or to assign them symbolic and/or thematic meaning. Objects are often used in idiosyncratic, stereotypic and/or perseverative ways. Interference with this use of objects often results in expressions of discomfort and/or panic.

3. Examples in relation to events: there may be a particular awareness of the sequence of events and disruption of this sequence may result in expressions of discomfort and/or panic.

E. Associated Features. Associated features vary with age and include other disturbances of thought, mood, and behavior. Mood may be labile: crying

may be unexplained or inconsolable; there may be giggling or laughing without identifiable stimuli. There may be a lack of appreciation of real dangers such as moving vehicles as well as inappropriate fears. Self-injurious behaviors, such as hair pulling and hitting or biting parts of the body, may be present. Stereotypic and repetitive movements of limbs or the entire body are common.

II. CRITERIA FOR ELIGIBILITY

The criteria are of a behavioral nature. As such, persons suspected of being autistic may exhibit these behaviors in varying degrees. Disturbances in four of A, B, C, D, and E are required, and shall not be due to the disturbances specified in F.

A. The child has not developed communicative language, or if once developed, language is presently not communicative. In addition, the child does not use gesture or other non-verbal mechanisms for symbolic communication.

B. The child does not use objects or toys appropriately, merely using them in stereotypic or repetitive ways without conceptual content.

C. The child does not interact appropriately with other persons, avoiding eye contact or interacting with them in mechanical ways without reciprocal interchange.

D. The child shows disturbances in the rate or sequence of development in various ways, being at age level in one area of development with either lack of development or deficient development in other areas.

E. The child responds inappropriately to sensory stimuli, being hypo-responsive at times and hyper-responsive at other times. The child responds to stimulation inappropriately and in repetitive or non-meaningful ways.

F. The above disturbances shall not be due to:

1. Mental retardation. Retarded children usually show delays in all areas of development. Current research estimates are that approximately 60% of autistic children have measured I.Q.s below 50; 20% between 50-70, and 20% of 70 or more. The majority of autistic children show extreme variability of intellectual functioning on formal I.Q. testing. They perform poorest on tasks requiring abstract thought, symbolic or sequential logic. They perform best on those tasks assessing manipulative or visual-spatial skills and rote memory.

2. Specific sensory deficits: Compensatory behaviors of children with specific sensory deficits may be confused with symptoms indicative of autism. For example, children with specific sensory deficits may show hyper-reactivity to auditory, visual, proprioceptive and tactile stimuli.

3. Aphasia. Aphasic children do not show disturbance to sensory inputs, disassociation of other developmental pathways or relatedness to people and objects. Aphasics may imitate use of gestures and other means to communicate symbolic content.

4. Physical or psychological trauma (hospitalism, maternal deprivation, anaclitic depression, or sequelae of a chronically traumatizing environment). These children show symptoms and developmental delays specific to the specific etiologic factors in the psychological or social environment, and respond to specific therapies if instituted before permanent changes have resulted.

III. PROCEDURES FOR SCREENING

Follow General Screening Procedures.

IV. PROCEDURES FOR EVALUATION

The individual evaluation shall include at a minimum:

A. A comprehensive evaluation conducted by a certified school psychologist, clinical psychologist, or psychiatrist, trained or experienced in the evaluation of children with developmental disabilities. The evaluation should include an appraisal of the child's level of development in cognitive, social, language, and motor domains and behavioral observation of the child in interaction with others such as parents, teachers and peers.

B. A physical examination by a licensed physician.

C. An evaluation of the child's hearing by an audiologist using, if possible, techniques that do not require overt or voluntary responses from the child.

D. A speech and language evaluation conducted by a licensed speech pathologist or certified speech/hearing/language specialist trained or experienced in the evaluation of children with developmental disabilities.

E. An interview with the parents concerning the sequence of the child's development in the areas listed in A.

F. An educational evaluation conducted by a qualified pupil appraisal staff member which shall include an assessment of the student's academic or pre-academic strengths, weaknesses, and learning styles.

G. Other evaluations as determined to be appropriate and necessary by the evaluation coordinator.

V. RE-EVALUATION

The re-evaluation of children classified as autistic shall include at a minimum:

A. All requirements under Individual Evaluation Process: Re-evaluation.

B. A comprehensive evaluation conducted by a certified school psychologist, clinical psychologist, or psychiatrist, trained or experienced in the evaluation of children with developmental disabilities. The evaluation should include an appraisal of the child's level of development in cognitive, social, language, and motor domains and any significant changes in these areas since the last evaluation.

C. An interview with the child's parents concerning any changes in the child's behavior, the sequence of development in the areas noted above, and health and educational needs of the child.

D. A physical examination by a licensed physican if not conducted during the past two years or if deemed necessary by the evaluation coordinator.

E. Other evaluations deemed necessary by the evaluation coordinator.

BEHAVIOR DISORDERED

I. DEFINITION

A behavior disorder is a pattern of situationally inappropriate interpersonal or intrapersonal behavior which is exhibited over an extended period of time and to a significant degree, and which cannot be explained by intellectual, sensory, neurological, or general health factors. One or more of the following behavior patterns shall be exhibited:

A. Inappropriate types of behavior or feelings under normal circumstances;

B. A general pervasive mood of unhappiness, depression, or withdrawal; or

C. A tendency to develop physical symptoms or fear associated with personal or school problems.

The term never includes children who are autistic: it may include children who are socially maladjusted if it is determined that they are also behavior disordered.

II. CRITERIA FOR ELIGIBILITY

Evidence for A, B, C, and D below are all required.

A. Evidence that the student, after receiving supportive regular educational assistance and counseling, still exhibits a behavior disorder consistent with the definition.

B. Evidence that the student, after receiving intervention services in the Pupil Appraisal Assessment Program specific to the behaviors of concern, still exhibits a behavior disorder consistent with the definition. This evidence shall include, at a minimum, the results of the systematic measurement of the behavior (conducted prior to and during and/or upon completion of the pupil appraisal assessment program intervention) which indicate the failure of the intervention to significantly modify the problem behavior.

C. Evidence that the behavior disorder, as determined by a comprehensive psychological or psychiatric evaluation, has existed over an extended period of time.

D. Evidence that the student's educational performance is adversely affected as a result of the behavior disorder.

NOTE: If it is the judgment of the pupil appraisal staff that all possible interventions and adjustments in the regular program have been exhausted or are impractical due to the severity of the child's behavior, evidence for criteria A and B shall not be required.

III. PROCEDURES FOR SCREENING

A. Follow General Screening Procedures.

B. In addition to those interventions specified in the General Screening Procedures, the following interventions should also be considered.

1. Structured interventions provided by community agencies or licensed mental health professionals.

2. Structured interventions provided by pupil appraisal or student services personnel.

3. A change in techniques of instruction or classroom management.

C. Suspension or expulsion shall not constitute an intervention.

D. If the student is referred by a public agency or a qualified private service provider, screening procedures shall be waived for areas where that agency supplies comprehensive reports.

NOTE: If the behavior of the child poses an immediate danger to himself or others, an immediate referral shall be made to pupil appraisal services for an individual evaluation, and any necessary screening conducted concurrent with the individual evaluation. In such cases, the initial evaluation question should be whether or not a referral to a community mental health center should be initiated.

IV. PROCEDURES FOR EVALUATION

A. The pupil appraisal assessment program shall be provided for all identified children experiencing behavior difficulties. Exceptions may be made only when it is the judgment of the pupil appraisal staff that all possible interventions and adjustments in the regular program have been exhausted or are impractical due to the severity of the child's school behavior. Such exceptions shall be fully documented in the Individual Evaluation Report. The pupil appraisal assessment program shall be implemented as described on page 12.

B. Diagnostic assessment shall be conducted at any point during the evaluation process when determined necessary and shall include at a minimum:

1. Sensory Screening, if not previously conducted.

2. A review of the child's educational and medical history.

3. An interview with the child's parents in order to determine if the problem behavior occurs out-of-school, and if so: the expectations of the parents toward the child; their perceptions of the problem behavior; what, if any, efforts have been made by the parents to deal with the problem behavior; what family dynamics may be contributing to the maintenance or solution of the child's difficulties; and what social or cultural factors may be responsible, in part or whole, for the child's difficulties.

4. If not previously conducted as part of the pupil appraisal assessment program, an interview with the child's teacher(s) in order to clarify any previous interventions or adjustments made in the classroom in an effort to increase or decrease the child's behavioral deficit or excess.

5. An educational evaluation conducted by a qualified pupil appraisal staff member which shall include an assessment of the student's academic strengths, weaknesses, and learning styles.

6. A comprehensive evaluation conducted by a certified school psychologist, licensed psychologist, or psychiatrist. The evaluation shall include, at a minimum: an appraisal of the child's cognitive, emotional and social functioning; self-concept; an interview with the child; and an evaluation of the information obtained as a result of the pupil appraisal assessment program.

NOTE: When the nature of the behavior disorder is to a severe degree, the child should be classified as Behavior Disordered and the reported impairment should indicate Emotionally Disturbed. Written verification by a psychologist who meets the standards of the National Register of Health Service Providers in Psychology, or a psychiatrist must be attached to or included in the evaluation report.

7. A medical or neurological evaluation when it is suspected that physical or neurological difficulties may be the cause of, or related to, the behavior of concern.

V. CLARIFICATION OF TERMS

A. "Emotionally disturbed." A serious pattern of behavior which enables a child to be classified as behavior disordered and which is so severe as to require special educational services for the full school day or longer and for which extended individual therapy/counseling or other related services are needed. This term includes children who are schizophrenic.

B. "Situationally inappropriate." The behavior, while possibly acceptable in some settings or situations, is inappropriate to a significant degree for the situation in which it is viewed as a problem, and is inconsistent with the explicit or implied expectations of the setting and the persons therein.

C. "An extended period of time." The case history of children suspected of being behavior disordered should indicate that the behavior disorder has been evident or emergent in some setting for at least two months prior to being identified as a serious problem and referred to pupil appraisal services with the following exceptions. Rapid onset of some behavior disorder may occur with children suspected of being emotionally disturbed or of danger to self or others.

Children with behavior problems due to a temporary crisis situation, such as death in the family, illness, or other economic or social problems are generally not included in this category unless all eligibility criteria are met.

D. "Socially maladjusted." A child who has chronic difficulty conforming to accepted social values or rules in school, home, or community, who has been suspended or expelled, or who has been adjudicated through the courts or through other involvements with correctional agencies, is not automatically eligible for placement in a Behavior Disorder program. Ordinary classroom behavior problems and social problems, such as delinquency and drug abuse, do not automatically qualify a student as being Behavior Disordered.

VI. RE-EVALUATION

The re-evaluation of children classified as behavior disordered shall include, at a minimum:

A. Following requirements of the Individual Evaluation Process: Re-Evaluation Section.

B. A comprehensive evaluation conducted by a certified school psychologist, a licensed psychologist, or a psychiatrist which includes:

1. A systematic observation of the child's behavior in the classroom (or other placement setting) conducted in order to determine whether or not the child continues to manifest the behaviors which led to the original classification as behavior disordered.

2. An analysis of the effects of any related services provided the child.

3. An interview with the student which includes an appraisal of cognitive, emotional, and social functioning.

DEAF-BLIND

I. DEFINITION

Deaf-Blind is concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational problems that such children cannot be accommodated in special education programs solely for deaf or blind children.

II. CRITERIA FOR ELIGIBILITY

Evidence of A, B, and C is required.

A. Vision Impairment - any of the following:

1. Measured corrected visual acuity is 20/200 or less in the better eye, and/or a previous chronic condition has existed which has interfered, is interfering, or will interfere with the visual learning mode;

2. Cortical blindness in the presence of normal peripheral vision as verified in the report of an ophthalmologist, pediatrician, or pediatric neurologist.

3. Field of vision which subtends an angle of 20 degrees or less in the better eye.

4. Other blindness as verified by an ophthalmologist. The report of the ophthalmologic disorder must include a description of the ocular pathology.

B. Hearing Impairment

Sensorineural hearing loss of 30 decibels (ANSI) or more across the speech frequencies in the better ear with amplification and/or a previous chronic condition that has existed which has interfered, is interfering, or will interfere with the auditory learning mode.

C. Educational Need

Educational determination that the student's combined vision and hearing impairments are such that he cannot be served appropriately by the regular program for the visually or auditorally handicapped without specific assistance necessary to accommodate the additional (or other) impairment.

III. PROCEDURES FOR SCREENING

Follow requirements of the General Screening Procedures Section.

IV. PROCEDURES FOR EVALUATION

The minimum evaluation shall consist of:

A. An evaluation of the child's vision conducted by an ophthamologist or optometrist. When cortical blindness is the impairment, it shall be verified in the report of an ophthamologist, pediatrician, or pediatric neurologist.

B. An evaluation of the child's hearing conducted by an audiologist or otologist.

C. An assessment of the child's adaptive behavior which focuses on mobility skills and independent functioning.

D. An educational evaluation which verifies that the student's combined visual and auditory impairments are such that he cannot be served appropriately by a program for the visually or auditorally handicapped and which identifies the specific strengths, weaknesses and needs of the student.

E. A family evaluation conducted by a social worker or other appropriate pupil appraisal staff member which provides information concerning the family strengths and weaknesses, the nature of the parent-child relationship, and the needs of the family in understanding and coping with the child.

F. A speech and language evaluation conducted by a licensed speech pathologist or certified speech/hearing/language specialist trained or experienced in the evaluation of children with developmental disabilities.

V. RE-EVALUATION

The re-evaluation of children classified as deaf-blind shall include:

A. All requirements of the Individual Evaluation Process: Re-Evaluation Section.

B. Activities A, B, and C as specified under Procedures for Evaluation: Deaf-Blind.

EDUCATIONALLY HANDICAPPED/SLOW LEARNER

I. DEFINITION

Educationally handicapped or slow learner is a rate of acquisition and/or degree of retention of information or educational skills significantly slower than that expected for children of the same age.

II. CRITERIA FOR ELIGIBILITY

All of the following criteria must be met:

A. The learning problems are not due primarily to other handicapping conditions.

B. The learning problems are not due primarily to such factors as lack of educational opportunity, emotional stress in the home or school, difficulty adjusting to school, curricular change or temporary crisis situations.

C. The learning problems are not due primarily to environmental, cultural, or economic disadvantage.

D. Evidence that the student, after receiving all available supportive and remedial regular educational assistance, still exhibits learning problems consistent with the definition.

NOTE: Students eligible for compensatory or remedial education programs shall receive assistance in these programs prior to being considered for special services.

E. Evidence that the student, after receiving services in the Pupil Appraisal Assessment Program specific to the identified learning problems, still exhibits learning problems consistent with the definition. The evidence shall include, at a minimum, the results of the systematic measurement of the identified learning problems (conducted prior to and during and/or upon completion of the Pupil Appraisal Assessment Program intervention) which indicate the failure of this intervention to significantly modify the child's performance in the skill areas of concern.

F. Evidence of academic or pre-academic deficits, as demonstrated by performance two standard deviations or more below the mean for the grade level appropriate for the student's chronological age in all of the basic skill areas listed below. The standard error of measurement may be considered in individual cases.

1. Oral expression.

2. Listening comprehension.

3. Written expression (e.g., spelling, paragraph writing).

4. Reading recognition (basic reading skills).

5. Reading comprehension.

6. Math calculations.

7. Math reasoning.

8. Other age-appropriate developmental skill areas when more appropriate (e.g., pre-academic skills for preschool and kindergarten age children).

III. PROCEDURES FOR SCREENING

Follow all requirements of the General Screening Procedures Section.

IV. PROCEDURES FOR EVALUATION

The individual evaluation shall include at a minimum:

A. The Pupil Appraisal Assessment Program, as described on page 12, shall be provided for all identified children with mild learning problems.

B. Diagnostic Assessment shall be conducted at any point during the evaluation process when determined necessary and shall include at a minimum:

1. Sensory Screening, if not previously conducted.

2. A review of the child's educational and medical history, including the attendance record.

3. An interview with the child's parents in order to determine: if there may be any health factors contributing to the child's problem behaviors; the parents' perceptions of the problem behavior; what, if any, efforts have been made by the parents to deal with the problem behavior; if the child may have experienced any developmental difficulties which may have contributed to his current problem behaviors; and what social or cultural factors may be responsible, in part or whole for the child's difficulties.

4. An educational evaluation conducted by a qualified pupil appraisal staff member to determine the student's level of performance in academic areas, which shall include formal and informal assessments, a curriculum based analysis of academic errors, an estimate or determination of instructional and frustration levels, and an evaluation of the appropriateness of the curriculum being employed.

5. An evaluation of the information obtained as a result of the pupil appraisal assessment program.

6. A psychological assessment when necessary to rule out the possibility that some other impairment (e.g. mental retardation, behavior disorder) may be the reason for the child's poor performance in school.

7. When neurological or other health problems are suspected, an evaluation shall be conducted by a physician, neurologist, or neuropsychologist.

V. RE-EVALUATION

The re-evaluation of children classified as educationally handicapped/slow learner shall include all requirements specified under the Individual Evaluation Process: Re-evaluation Section A.

GIFTED

I. DEFINITION

Gifted children and youth are those who possess demonstrated abilities that give evidence of high performance in academic and intellectual aptitude.

NOTE: Gifted at the pre-school level and in grades K-3 means the possession of high intellectual and academic potential.

II. PROCEDURES FOR SCREENING

A. Sensory screening shall be conducted whenever vision or hearing problems are suspected.

B. When a school system conducts district-wide assessment of achievement and/or aptitude/intelligence, any children meeting the following screening criteria shall be considered as possible candidates for gifted placement and shall receive further screening. District-wide test scores may be used only for screening, and not as a component of the individual evaluation.

1. District-wide aptitude/intelligence assessment only: the student must obtain a score at least 1 standard deviation above the mean for the instrument used.

2. District-wide achievement or achievement and aptitude/intelligence: the student must obtain at least 4 points on the standard matrix.

C. In addition to screening conducted using district test scores, or when such scores are not available, candidates for the gifted program may be recommended by teachers and/or parents to the school committee for review as described in II (E) of these criteria.

D. In all cases, the teachers shall rate the child on the state approved and modified Renzuli-Hartman Scales, or provide samples of the child's work or a narrative description of the child's behavior which suggests gifted abilities.

E. At least two regular school staff members such as the principal or designee, teachers, counselors, pupil appraisal personnel, and other professional staff shall conduct a review with the child's teacher of the child's educational history and present performance (which includes grades and teacher comments), the teacher's ratings on the Renzuli-Hartman Scales, and the student's performance on the district-wide tests. If in the judgment of the committee all screening criteria are met and the child is suspected of being a gifted child, the child shall be referred to the supervisor of special education or designee to be scheduled for an evaluation.

F. Each school system may develop procedures for screening pre-school and kindergarten (first semester) age children suspected of being gifted. These procedures shall be submitted to the State Department of Education, Bureau of Psychological and Social Work Services, for approval.

III. CRITERIA FOR ELIGIBILITY

A. High Potential: Pre-School and Kindergarten (First Semester) A child at the pre-school or kindergarten (First Semester) level must meet Criterion 1, 2, or 3.

1. Obtain a score at least 2½ standard deviations above the mean (SFL or ELP) on an individually administered test of intellectual abilities appropriately standardized on children of this age and administered by a psychologist, or

2. Obtain a combined score of at least 7 when scores are entered into the cells of the Standard Matrix, at least 3 points of which are earned on the aptitude/intelligence test, or;

3. Obtain a combined score of at least 6 when scores are entered into the cells of the Standard Matrix and a recommendation for classification as gifted from the pupil appraisal personnel who conducted an individual evaluation of the child in accordance with the evaluation procedures.

B. High Potential: Kindergarten (Second Semester) and Grades 1, 2 and 3. Criterion 1, 2, 3 or 4 must be met.

1. Obtain a score at least 2½ standard deviations above the mean (SFL or ELP) on an individually or group administered test of intellectual abilities appropriately standardized on children of this age and administered by a psychologist, or

2. Obtain a combined score of at least 7 when scores are entered into the cells of the Standard Matrix, at least 3 points of which are earned on the aptitude/intelligence test, or;

3. Obtain a combined score of at least 6 when scores are entered into the cells of the Standard Matrix and a recommendation for classification as gifted from the pupil appraisal personnel who conducted an individual evaluation of the child in accordance with the evaluation procedures.

4. Was previously classified as gifted at the pre-school or kindergarten level according to the criteria specified in this section for pre-school and kindergarten level children.

C. Gifted: Grades 4-12. Criterion 1, 2 or 3 must be met.

1. Obtain a score at least 2 standard deviations above the mean (SFL or ELP) on an individually or group administered test of intellectual abilities appropriately standardized on children of this age and administered by a psychologist, or

2. Obtain a combined score of at least 7 when scores are entered into the cells of the Standard Matrix, at least 2 points of which are earned on the aptitude/intelligence test, or;

3. Obtain a combined score of at least 6 when scores are entered into the cells of the Standard Matrix and a recommendation for classification as gifted from the pupil appraisal personnel who conducted an individual evaluation of the child in accordance with the evaluation procedures.

NOTE: Prior to entry into the fourth grade children identified as gifted must be re-evaluated according to the eligibility criteria for Grades 4-12 in order to qualify for continued classification as gifted.

IV. PROCEDURES FOR EVALUATION

A. High Potential: Pre-school and Kindergarten (First Semester)

The individual evaluation shall include at a minimum:

1. An individual evaluation of intellectual abilities administered by a psychologist using non-discriminatory assessment procedures and an instrument or instruments appropriately standardized for children of this age.

2. An individual evaluation of reading and math skills using an achievement test standardized at the first grade level.

3. An interview with the child's parent(s).

B. High Potential and Gifted: Kindergarten (Second Semester) and Grades 1-12

The individual evaluation shall include at a minimum:

1. An evaluation in the areas listed below, individually or group administered by qualified pupil appraisal personnel. Tests used shall be adequately standardized and appropriate for the cultural background of the children being evaluated. The regular district-wide test scores shall not be used in the Standard Matrix as part of the individual evaluation.

   a. Total Reading

   b. Total Math

   c. Aptitude or Intelligence

2. For children who obtain at least 6 points in the matrix, further evaluation shall be conducted by Pupil Appraisal Personnel which shall include, at a minimum:

   a. A review of the child's educational performance and all screening data, including the Renzuli-Scales, with the child's teacher.

   b. Observation of the child's behavior during and performance on at least one structured normed or criterion referenced individually administered test, such as, but not limited to:

      (1) Intelligence

      (2) Aptitude

      (3) Achievement

      (4) Problem Solving

      (5) Creativity

NOTE: Few, if any standardized assessment instruments adequately control for the effect of such factors as environmental impoverishment, cultural differences, or the lack of opportunities to learn. It is imperative that such factors be closely attended to in any individual or group assessment of children suspected of being gifted, and given serious consideration by pupil appraisal and special education personnel when determining whether or not a child is gifted. Any significant discrepancies between formal test results and the child's customary behaviors and daily activities, or of any discrepancies among test results should be examined closely during the evaluation and addressed in the evaluation report.

The recommendation of the Pupil Appraisal Staff as to whether or not the child should be classified as gifted should be based on a thorough evaluation of the child's abilities.

STANDARD MATRIX

Points	1	2	3
Areas	$\geq$ 1.0 - 1.5 SD	$\geq$ 1.5 - 2.0 SD	$\geq$ 2.0 + SD
Aptitude/ Intelligence			
Achievement/ Reading			
Achievement/ Math			

V. RE-EVALUATION

A. The re-evaluation of children classified as gifted shall consist at a minimum of the following:

1. A review of the child's IEP and progress in the Gifted Program which is conducted by the evaluation coordinator with the child's teacher.

2. An individual educational and/or psychological evaluation if the previous evaluation results are believed to be in error, or if it is suspected that the student is inappropriately placed in the Gifted Program.

B. Children classified as High Potential (gifted) at the pre-school, kindergarten, first, second, or third grade level shall be re-evaluated prior to entry into the fourth grade according to the Procedures for Evaluation for grades 4-12 in order to determine their eligibility for continued classification as gifted.

HANDICAPPED INFANTS

I. DEFINITION

A handicapped infant is one who is from birth to three years of age and has a serious handicapping condition which, without intervention, will become progressively more difficult for intervention at school age.

II. CRITERIA FOR ELIGIBILITY

Criteria A, B, and C must all be met.

A. From birth to three years of age.

B. A serious impairment as indicated by:

1. A severe physical handicap in areas such as sensory and/or motor functioning, or

2. Functioning in the lower one-third (33rd percentile or less) of the normal developmental distribution, or

3. A diagnosable condition which could result in a serious impairment if untreated.

4. Severe inability to interact with the environment whether physical or social.

C. Evidence that educational or developmental intervention is necessary to the future ability of the infant to benefit from education.

III. PROCEDURES FOR SCREENING

The screening of infants should be conducted by educators, nurses, or pupil appraisal personnel, and shall include:

A. Vision and Hearing Screening (See General Screening Procedures Section: Sensory Screening).

B. The Denver Developmental Screening Test or other state approved developmental screening test (administered by persons trained in the use of the instrument).

C. Current medical information.

IV. PROCEDURES FOR EVALUATION

A. A physical examination conducted by a pediatrician or other appropriately trained physician which specifies the impairment(s) and assesses the extent to which the impairment will inhibit normal development. The report should also indicate facilitators to development and learning.

B. A developmental assessment conducted by an educational consultant, assessment teacher, psychologist, or master level professional certified in non-categorical preschool handicapped who has appropriate training in child developmental assessment and medical/educational implications of handicapping conditions.

C. A family evaluation conducted by a social worker or other appropriate pupil appraisal staff member which provides information concerning the family strengths and weaknesses and the nature of the parent-child relationships.

NOTE: All of these evaluations shall be conducted in accordance with the procedures specified in the Louisiana Model of Developmental Evaluation for Handicapped Infants and Severely Handicapped Pre-schoolers.

V. RE-EVALUATION

A. Handicapped infants must be re-evaluated at least once a year (some children may require re-evaluation more frequently).

B. Children whose impairment is of a physical (including health) or sensory nature shall be re-evaluated according to the criteria specified under Procedures for Evaluation.

C. For children whose impairment is not of a physical (including health) or sensory nature, a review of the past evaluation, current IEP objectives and accomplishments may be sufficient for updating the evaluation.

HEARING IMPAIRED

I. DEFINITION

A hearing impaired child is a child whose auditory sensitivity and acuity is so deficient as to interfere with educational performance. It includes both Deaf and Hard of Hearing children.

A. Deaf is a severe hearing impairment with an unaided pure tone average of 500, 1,000, and 2,000 Hz in the better ear of 70db (ANSI) or more and which results in a deficit in processing linguistic information through hearing, with or without amplification.

B. Hard of hearing is a hearing loss, either permanent or fluctuating, ranging from mild to severe unaided (pure tone average of 500, 1,000, and 2,000 Hz between 25 and 70 decibels ANSI, in the better ear), which does not significantly impede the learning of speech and language through normal channels.

II. CRITERIA FOR ELIGIBILITY

Criteria A and B must both be met.

A. Audiological evidence that the student is deaf or hard of hearing consistent with the definition, and

B. Evidence that because of a hearing loss the child is unable to perform academically or to develop speech/language at a level commensurate with the expected level without special education.

III. PROCEDURES FOR SCREENING

A. Follow General Screening Procedures, including vision screening.

B. The Denver Developmental Screening Test or other state approved developmental screening test (if the child is less than 6 years of age), administered by persons trained in the use of this instrument.

IV. PROCEDURES FOR EVALUATION

A. Physicians with specialized training or experience in the diagnosis and treatment of hearing impairments and/or licensed audiologists shall evaluate the student's hearing sensitivity and acuity with and without amplification.

B. An evaluation of receptive and expressive communication skills conducted by a licensed speech pathologist or certified speech/hearing/language specialist which shall take into consideration the student's degree of hearing loss, method of communication and, when necessary, the student's level of intellectual functioning. The assessment shall be conducted in the student's usual mode of communication or with an interpreter.

C. Tests to determine intellectual functioning and learning abilities, when appropriate, shall be selected from non-language performance scales which are standardized on, or adapted for, the hearing impaired. Psychologists administering these instruments must be trained or experienced in the administration and interpretation of such instruments.

D. An educational evaluation conducted for the purpose of identifying educational and environmental adjustments needed. These evaluations shall be conducted with an interpreter or in the student's usual mode of communication.

E. An interview with the parents conducted by an appropriate pupil appraisal staff member in order to obtain pertinent developmental and health history information and to determine the parent's attitude toward the child's impairment.

NOTE: When the data indicate a severe hearing impairment, the evaluation coordinator should consider referring the child to an approved specialized statewide assessment center.

V. RE-EVALUATION

The re-evaluation of students classified as hearing impaired shall include:

A. All requirements specified under the Individual Evaluation Process Section: Re-Evaluation, including vision screening.

B. Physicians with specialized training or experience in the diagnosis and treatment of hearing impairments and/or licensed audiologists shall evaluate the student's hearing sensitivity and acuity with and without amplification.

C. A comprehensive visual examination shall be conducted by an ophthalmologist at least once during the child's educational career (as soon as the child is of sufficient age for valid test results to be obtained, i.e., approximately 6 years) in order to identify the presence of any progressive eye disease. Children who are considered "at risk" for Usher's Syndrome shall receive a comprehensive visual re-evaluation at age 14.

D. Any other evaluations deemed appropriate by the evaluation coordinator.

HOSPITAL/HOMEBOUND

I. DEFINITION

Hospital or Homebound is an exceptionality for a student enrolled in regular education who, as a result of physical illness, accident or the treatment thereof, is not able to be moved from the hospital or home environment for the provision of regular education services.

NOTE: Hospital/Homebound is also an alternative setting for the provision of special education services to children evaluated as exceptional according to this Bulletin and when specified as a placement in the student's IEP.

II. CRITERIA FOR ELIGIBILITY

A regular education student is eligible for hospital or homebound if the following criteria are met:

A. Certification by a physician that the student is expected to be at home or hospitalized for at least 15 school days and will be able to participate in and benefit from an instructional program;

B. Student is under constant medical care for illness or injury which is acute or catastrophic in nature, or a chronic physical condition which has acute phases and which requires homebound instruction during the acute phases. If the student is pregnant, a medical evaluation must verify that there are complications in the pregnancy or recovery which could be detrimental to the health of the student;

C. Student is free of infectious or communicable disease. If the student is not free of such disease, other appropriate instructional arrangements must be made such as instruction by school to home telephone;

D. Parent or guardian signs parental agreement concerning homebound or hospital policies and parental cooperation;

E. If of school age, student is enrolled in a public school and is expected to return within three months. An extension may be allowed with approval from the State Department of Education.

III. PROCEDURES FOR SCREENING

No specific screening required, however a review of the student's educational program conducted by the student's regular teacher(s) should be provided to the hospital/homebound teacher to permit continuity in instruction.

IV. PROCEDURES FOR EVALUATION

The minimum evaluation for a student to determine eligibility shall be:

A. A medical assessment by a physician(s) qualified by training or experience to assess the health problems, including a description of the handicapping condition, with any medical implications for instruction. This report shall state the student is unable to attend school, whether or not he is free of communicable disease, and give an estimated duration of the condition;

B. Periodic physical re-examination and a medical report by a physician(s) as requested by the Special Education Supervisor.

LEARNING DISABLED

I. DEFINITION

Learning disabled means severe and unique learning problems as a result of significant difficulties in the acquisition, organization or expression of specific academic skills or concepts. These learning problems are typically manifested in school functioning as significantly poor performance in such areas as reading, writing, spelling, arithmetic reasoning or calculation, oral expression or comprehension, or the acquisition of basic concepts.

The term includes such conditions as attentional deficit, perceptual handicaps, process disorders, minimal brain dysfunction, brain injury, dyslexia, developmental aphasia, or sensory-motor dysfunction, when consistent with these criteria.

The term does not include children who have learning problems which are primarily the result of visual, hearing, or motoric handicaps, mental retardation, a behavior disorder, or of environmental, cultural, or economic disadvantage.

II. CRITERIA FOR ELIGIBILITY

Criteria A through G must all be met.

A. Evidence that the student, after receiving supportive and remedial regular educational assistance, still exhibits a learning disability consistent with the definition. Children eligible for compensatory or remedial education programs shall receive assistance in these programs prior to being considered for special education services.

B. Evidence that the student, after receiving services in the Pupil Appraisal Assessment Program specific to the identified learning problems, still exhibits a learning disability consistent with the definition. This evidence shall include, at a minimum, the results of the systematic measurement of the identified specific learning problems (conducted prior to and during and/or upon completion of the Pupil Appraisal Assessment Program intervention) which indicate the failure of this intervention to significantly modify the child's performance in the skill areas of concern.

C. Evidence of a relative academic strength as demonstrated by performance no more than one standard deviation below the mean for the grade level appropriate for the child's chronological age in one or more of the areas listed under "D" below. The relative academic strength must, in addition, be at least one-half standard deviation higher than the lowest academic area identified in D. The standard error of measurement may be considered in individual cases.

D. Evidence of an academic deficit(s), as demonstrated by performance, greater than one standard deviation below the mean in grades K-3, or one and one-half standard deviations below the means in grades 4-12 for the grade level appropriate for the child's chronological age in one or more, but not all of, the following areas. The standard error of measurement may be considered in individual cases.

1. Oral expression,
2. Listening comprehension,
3. Written expression (e.g., spelling),
4. Reading recognition (basic reading skill),
5. Reading comprehension,
6. Math calculations,
7. Math reasoning,
8. Other age-appropriate developmental skill areas when more appropriate (e.g., pre-academic skills for pre-school and kindergarten age children).

E. The learning problems are not due primarily to other handicapping conditions.

F. The learning problems are not due primarily to such factors as lack of educational opportunity, emotional stress in the home or school, difficulty adjusting to the school, curricular change or temporary crisis situations.

G. The learning problems are not due primarily to environmental, cultural, or economic disadvantage.

III. PROCEDURES FOR SCREENING

Follow all requirements specified under the General Screening Procedures.

IV. PROCEDURES FOR EVALUATION

A. The Pupil Appraisal Assessment Program, which shall be provided for all identified children experiencing learning problems as described on page 12.

B. Diagnostic assessment shall be conducted at any point during the evaluation process when determined necessary and shall include at a minimum:

1. Sensory Screening, if not previously conducted.
2. A review of the child's educational and medical history, including the attendance record.

3. An interview with the child's parents in order to determine: if there may be any health factors contributing to the child's problem behaviors; the parents' perceptions of the problem behavior; what, if any, efforts have been made by the parents to deal with the problem behavior; if the child may have experienced any developmental difficulties which may have contributed to his current problem behaviors; and what social or cultural factors may be responsible, in part or whole, for the child's difficulties.

4. An educational evaluation conducted by a qualified pupil appraisal staff member to determine the student's level of performance in academic areas, which includes formal and informal assessments, a curriculum based analysis of academic errors, an estimate or determination of instructional and frustration levels, and an evaluation of the appropriateness of the curriculum being employed.

5. A psychological assessment conducted in an effort to identify and describe the child's primary learning handicap and, when necessary, to rule out mental retardation as the primary handicapping condition. The psychological assessment may include an intellectual assessment or assessment of basic psychological processes, and shall include: a psycho-educational assessment of the student's learning problems, an appraisal of emotional or cultural factors which may be causing or contributing to the child's problems, and an assessment of the child's achievement motivation (which may be obtained through interview, observation, or checklist).

6. An interview with the student.

7. An evaluation of the information obtained as a result of the Pupil Appraisal Assessment Program.

8. A speech/language evaluation shall be conducted when oral expression or listening comprehension is suspected to be an area of impairment.

9. When neurological or other health problems are suspected an evaluation shall be conducted by a physician, neurologist, or neuropsychologist.

V. RE-EVALUATION

The re-evaluation of children classified as learning disabled shall consist of all requirements specified under the Individual Evaluation Process: Re-Evaluation Section.

MENTALLY RETARDED

I. DEFINITION

Mentally retarded is significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period.

NOTE: In every case determinations of mental retardation shall be based on an assessment of a variety of factors including educational functioning, adaptive behavior, and past and current developmental activities (e.g., indices or manifestations of social, intellectual, adaptive, verbal, motor, language, emotional, and self-care development for age).

A. Mild mentally retarded is a child who is mildly impaired in intellectual, academic, and adaptive behavior and whose development reflects a reduced rate of learning. The measured intelligence of a mild mentally retarded student generally falls between two and three standard deviations below the mean, and the assessed adaptive behavior falls below age and cultural expectations and generally within the same deviation as the intellectual functioning.

B. Moderate mentally retarded is a child who is moderately impaired in intellectual, academic and adaptive behavior and whose development reflects a reduced rate of learning. The measured intelligence of a moderate mentally retarded student generally falls between three and four standard deviations below the mean and the assessed adaptive behavior falls below age and cultural expectations and generally within the same deviations as the intellectual functioning.

C. Severe mentally retarded is a child who is severely impaired in intellectual, academic, and adaptive behavior and whose development refects a reduced rate of learning. The measured intelligence of a severely retarded student generally falls between four and five standard deviations below the mean, and the assessed adaptive behavior falls below age and cultural expectations and generally within the same deviation as the intellectual functioning.

D. Profound mentally retarded is a child who is profoundly impaired in intellectual, academic, and adaptive behavior and whose development reflects a reduced rate of learning. The measured intelligence of a profoundly retarded student generally falls below five standard deviations below the mean, and the assessed adaptive behavior falls below age and cultural expectations, generally within the same deviations as the intellectual functioning.

II. CRITERIA FOR ELIGIBILITY

A. All subclassifications: Criteria 1 through 7 must all be met.

1. The learning problems are not due primarily to other handicapping conditions.

2. The learning problems are not due to such factors as lack of educational opportunity, emotional stress in the home or school, difficulty adjusting to school, curricular change or temporary crisis situations.

3. The learning problems are not due primarily to environmental, cultural, or economic disadvantage.

4. Evidence that the child's adaptive behavior is below age and cultural expectations, and generally within one-half of a standard deviation of the assessed level of intellectual functioning.

5. An assessed level of intellectual functioning which is two or more standard deviations below the mean. Depending on the amount of the deviation, the student shall, assuming all other criteria are met, be assigned to the subclassifications according to the definitions described in I. A, B, C, and D. The standard error of measurement may be considered in individual cases. The profile of intellectual functioning must indicate subaverage performance in the majority of the areas evaluated.

6. Evidence of academic or pre-academic deficits, as demonstrated by performance two standard deviations or more below the mean for the grade level appropriate for the student's chronological age in all of the basic skill areas listed below. The standard error of measurement may be considered in individual cases.

   a. Oral expression.

   b. Listening comprehension.

   c. Written expression (e.g., spelling, paragraph writing).

   d. Reading recognition (basic reading skill).

   e. Reading comprehension.

   f. Math calculations.

   g. Math reasoning.

   h. Other age-appropriate developmental skill areas when more appropriate (e.g., pre-academic skills for pre-school and kindergarten-age children).

7. Evidence that the deficits occurred during the developmental period.

B. Mild Mentally Retarded: All Criteria in Section A above and criteria 1 and 2 below must both be met.

1. After receiving supportive and remedial regular educational assistance, the student still exhibits behavior indicative of mild mental retardation consistent with the definition. Children eligible for compensatory or remedial education programs shall receive assistance in these programs prior to being considered for special education services.

2. After receiving services in the Pupil Appraisal Assessment Program specific to the identified learning problems, the student still exhibits behavior indicative of mild mental retardation consistent with the definition. The evidence shall include, at a minimum, the results of the systematic measurement of the identified specific learning problems (conducted prior to and during and/or upon completion of the Pupil Appraisal Assessment Program intervention) which indicates the failure of this intervention to significantly modify the child's performance in the skill areas of concern.

III. PROCEDURES FOR SCREENING

All requirements specified under the General Screening Procedures.

IV. PROCEDURES FOR EVALUATION

A. The Pupil Appraisal Assessment Program as described on page 12 shall be provided for all identified children suspected of mild mental retardation.

B. Diagnostic assessment shall be conducted at any point during the evaluation process when determined necessary and shall include at a minimum:

1. Sensory Screening, if not previously conducted.

2. A review of the child's educational and medical history, including the attendance record.

3. An evaluation of the results of the Pupil Appraisal Assessment Program.

4. An educational evaluation conducted by a qualified pupil appraisal staff member to determine the student's level of performance in academic areas, which includes formal and informal assessments, an analysis of academic errors, an estimate or determination of instructional and frustration levels, and an evaluation of the appropriateness of the curriculum being employed.

5. An assessment of adaptive behavior.

6. A psychological assessment which includes:

   a. An interview with the child,

   b. An evaluation of the information obtained as a result of the systematic observation of the child in the classroom,

   c. An appraisal of emotional or cultural factors that may be causing or contributing to the child's problems, and

   d. A standardized non-discriminatory individual assessment of intellectual functioning.

7. An interview with the child's parents in order to determine: if there may be any health factors contributing to the child's problem behaviors; the parents' perceptions of the problem behavior; what, if any, efforts have been made by the parents to deal with the problem behavior; if the child experienced any developmental difficulties which may have contributed to his current problem behaviors; and what social or cultural factors may be responsible for the child's difficulties.

8. When neurological or other health problems are suspected, an evaluation shall be conducted by a physician, neurologist or neuropsychologist.

9. The Diagnostic Assessment of children suspected of severe or profound retardation shall include:

   (a) a medical evaluation, and

   (b) an evaluation of language development, and/or communication skills.

NOTE: Intellectual functioning is assessed with one or more non-discriminatory, individually administered instruments. Even without ethnic, cultural, and other bias, such instruments measure only current intellectual functioning particularly as it relates to pre-academic and academic performance. Results of such assessments are often additionally contaminated by variables such as emotional functioning as well as specific environmental factors. As such measured intellectual functioning may change drastically from time to time, it is the responsibility of the examiners to ensure that the results reported and the range of impairment assigned reflect the intellectual functioning of the person and not only the measured intellectual performance at that time.

Adaptive behavior is the result of the interaction of an individual's intellectual abilities with the broader (as compared to school) environmental and cultural expectations and opportunities to learn. These intellectual abilities are manifested by everyday activities such as going to the store or around the community, handling one's own money, etc. Thus individuals with the same measured intellectual level may be widely different in other manifestations of intelligence such as adaptive behavior.

For a person to be labeled mentally retarded and assigned to one of the subcategories there must be agreement in all indices of intelligence, particularly intellectual functioning and adaptive behavior. If any of the indices are higher, the label assigned must be consistent with an integrated picture of the person and not based on only measured intellectual performance.

The burden is upon the examiner and the evaluation coordinator to avoid misclassification with its potential stigmatizing effects and to rule out the influence of variables such as emotional disorders, social conditions, etc.

Mental retardation is descriptive of current behavior and does not necessarily imply prognosis. Prognosis is related to such factors as associated conditions, motivation, treatment, and educational and training opportunities more than to "mental retardation" itself.

Adapted from:
Grossman, H. J., ed., Manual of Terminology and Classification in Mental Retardation, A.A.M.D., 1977 Revision.

V. RE-EVALUATION

Since no measures are perfectly reliable, and since so many factors can affect an individual's performance at a given time, it is imperative that all factors (with the exception of the Pupil Appraisal Assessment Program) assessed when initially identifying a child as mentally retarded be reconsidered during the re-evaluation. This does not mean automatic "retesting" in every case. The following suggestions are offered as a general guide when conducting the re-evaluation of a mentally retarded child.

The re-evaluation should consist of:

A. All requirements specified under the Individual Evaluation Process: Re-Evaluation Section.

B. An adaptive behavior assessment in every case.

C. A standardized non-discriminatory individual assessment of intelligence conducted whenever:

1. The last intellectual evaluation yielded a measure within one-half standard deviation of the upper limit of the standard deviation range for the subclassifications mild and moderately mentally retarded.

2. Information is obtained from the child's teacher(s) or parents which suggest that the child is not mentally retarded or the subclassification is in error.

3. When deemed necessary by the evaluation coordinator.

MULTI-HANDICAPPED

I. DEFINITION

Multi-handicapped means concomitant impairments (such as mentally retarded-blind, orthopedically impaired-deaf, autistic-orthopedically handicapped, emotionally disturbed-mentally retarded, etc.), the combination of which causes such severe educational problems that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blind individuals.

II. CRITERIA FOR ELIGIBILITY

Criteria A and B must both be met.

A. Meets the full criteria for eligibility as determined by the evaluation of two or more of the handicapping conditions as described in this Bulletin. Each of these conditions must additionally be to a severe or moderate degree. One of these handicaps may not be speech impaired, learning disabled, slow learner, or mild mental retardation, and

B. Cannot be educated in a special educational program specifically designed for one of the impairments with additional related services for the other handicapping condition.

III. PROCEDURES FOR SCREENING

Follow requirements specified for the appropriate exceptionalities.

IV. PROCEDURES FOR EVALUATION

A. Follow procedures for evaluation appropriate to each suspected handicapping condition as described in this Bulletin.

B. The evaluation must indicate and the pupil appraisal examiners must certify that the handicapping conditions are each severe or moderate.

C. An educational assessment indicating the needed educational strategies and why it is impossible for a program for one impairment to provide for the student's needs.

V. RE-EVALUATION

The re-evaluation of students classified as multi-handicapped shall be conducted according to the requirements for re-evaluation for each suspected handicapping condition.

NON-CATEGORICAL PRESCHOOL HANDICAPPED

I. DEFINITION

Non-categorical preschool handicapped is an exceptionality in which children ages 3 through 5 are identified as having a handicapping condition which is described according to functional and/or developmental levels as mild/moderate or severe/profound. Children who exhibit a severe sensorial impairment, severe physical impairment or who are suspected of being autistic, gifted or talented shall be identified categorically.

II. CRITERIA FOR ELIGIBILITY

The child must be 3 to 5 years of age, inclusive, and impaired in functioning to either a mild/moderate or severe/profound degree as compared to his expected level according to chronological age or developmental stage in one or more of the following areas:

A. Physical, which includes:

1. Gross Motor
2. Fine Motor
3. Sensory (visual or hearing)
4. Sensory-Motor
5. Stamina, strength, vitality, alertness, health

B. Social, which includes:

1. Play (solitary, parallel, cooperative)
2. Peer interaction
3. Adult interaction
4. Environmental interaction
5. Expression of emotions

C. Perceptual/Cognitive, which includes:

1. Language (Receptive or Expressive)

2. Concrete, abstract

3. Perceptual discriminations

4. Categorization and sequencing

5. Task attention

6. Memory

III. PROCEDURES FOR SCREENING

A. Follow General Screening Procedures Section.

B. The Denver Developmental Screening Test or other State approved developmental screening tests (administered by persons trained in the use of this instrument).

IV. PROCEDURES FOR EVALUATION

At a minimum the evaluation shall include all areas outlined in the criteria for eligibility assessed to the appropriate depth and which includes:

A. A physical examination by a physician when the child's impairment appears to be of a severe nature and when otherwise judged appropriate by the evaluation coordinator.

B. Educational evaluation by a qualified examiner trained and experienced in the evaluation of early childhood disorders and/or development.

C. A developmental assessment conducted by an educational consultant, educational assessment teacher, psychologist, or master level professional certified in non-categorical preschool handicapped who has appropriate training in child developmental assessment and medical/educational implications of handicapping conditions.

D. A family evaluation conducted by a social worker or other appropriate pupil appraisal staff member which provides information concerning the family strengths and weaknesses and the nature of the parent-child relationships.

E. When appropriate, a chemical analysis should be conducted which may include metabolic screening and chromosomal and/or heavy metal content determinations.

NOTE: The evaluation report must include a clear statement of the major area of impairment and the degree (mild/moderate or severe/profound) of that impairment.

V. RE-EVALUATION

A. The re-evaluation of children classified as non-categorical preschool handicapped typically will consist of all requirements specified under the Individual Evaluation Process: Re-Evaluation Process Section.

B. Frequently the pupil appraisal personnel conducting the re-evaluation will, assuming an appropriate and comprehensive initial evaluation, be able to interpret all available data and classify the child in the appropriate exceptionality area.

C. Children classified as non-categorical preschool handicapped who are severely handicapped shall be re-evaluated yearly (or more often if necessary).

ORTHOPEDICALLY HANDICAPPED

I. DEFINITION

Orthopedically handicapped means a severe orthopedic impairment which adversely affects a child's educational performance. The term includes impairments caused by congenital anomaly (e.g., clubfoot, absence of some member, etc.), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis, etc.), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns which cause contractures).

II. CRITERIA FOR ELIGIBILITY

Criteria A and C, or B and C must be met.

A. Muscular or neuromuscular handicaps which significantly limit the ability to move about, sit or manipulate the materials required for learning, or

B. Skeletal deformities or abnormalities which affect ambulation, posture, and body use necessary in school work, and

C. Impaired environmental functioning which interferes with educational performance.

III. PROCEDURES FOR SCREENING

Follow requirements of the General Screening Procedures Section.

IV. PROCEDURES FOR EVALUATION

The minimum evaluation for a student shall be:

A. A report of a medical examination conducted within the previous 12 months from a physician qualified by training or experience to assess the student's orthopedic or neurological problems, which provides a description of the impairment and any medical implications for instruction. This report shall state that the student is unable to or is restricted in ability to attend regular classes because of an orthopedic or neurological impairment and indicate both inhibitors, and adaptive equipment and support services necessary for the child to benefit from regular or special education.

B. Whenever the medical examination indicates an orthopedic impairment, a physical therapy assessment shall be conducted.

C. An educational evaluation which identifies educational and environmental adjustments needed.

D. An evaluation of the child's need for adapted physical education.

E. When determined by the evaluation coordinator to be necessary, the following screening and/or evaluations:

1. Psychological

2. Social

3. Family support/needs.

4. Occupational therapy.

V. RE-EVALUATION

The re-evaluation of children classified as orthopedically handicapped shall be conducted in accordance with the requirements of the Procedures for Evaluation Section.

A. When requested by the Special Education Supervisor, an annual medical examination shall be conducted to determine changes in the physical condition of the student.

B. The re-evaluation of children classified as orthopedically handicapped shall include:

1. All requirements specified under the Individual Evaluation Process: Re-Evaluation Section.

2. A medical evaluation as specified under the Procedures for Evaluation Section.

OTHER HEALTH IMPAIRED OR HANDICAPPED

I. DEFINITION

Other health impaired means limited strength, vitality or alertness, due to chronic or acute health problems including a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes.

II. CRITERIA FOR ELIGIBILITY

Criteria A or B, and C must be met.

A. Disabilities which result in reduced efficiency in school work because of temporary or chronic lack of strength, vitality, or alertness, including such conditions as those specified in the definition, or

B. A severe disability which substantially limits one or more of the student's major life activities (that is, caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working), and

C. These disabilities must be other than those defined as handicapping conditions in the law and regulations and elsewhere in this section.

III. PROCEDURES FOR SCREENING

Follow the requirements of the General Screening Procedures.

IV. PROCEDURES FOR EVALUATION

The minimum evaluation for a student shall be:

A. A report of a medical examination within the previous 12 months from a physician qualified by training or experience to assess the student's health problem(s), giving a description of the impairment and any medical implications for instruction. This report shall state that the student is unable to, or is restricted in ability to attend regular classes because of a health impairment.

B. An educational evaluation which identifies educational and environmental adjustments needed.

C. An annual medical assessment to determine any changes in the physical condition or as requested by the Special Education Supervisor.

D. An evaluation of the child's need for adapted physical education.

V. RE-EVALUATION

A. When requested by the special education supervisor, an annual medical assessment conducted in order to determine any changes in the physical condition of the student.

B. The re-evaluation of children classified as other health impaired shall include:

1. All requirements specified under the Individual Evaluation Process: Re-Evaluation Section.

2. A medical evaluation as specified under the Procedures for Evaluation Section.

SEVERE LANGUAGE DISORDERED

I. DEFINITION

Severe language disordered is a type of communication impairment resulting from any physical or psychological condition which seriously interferes with the development, formation and expression of language and which adversely affects the educational performance of the child.

II. CRITERIA FOR ELIGIBILITY

Criteria A, B, and C must all be met.

A. Expressive, integrative and/or receptive language skills three or more standard deviations below the mean in at least one of the above areas as measured by standardized test(s) and other appropriate diagnostic evaluation of language functioning, as compared to the student's development level. Developmental level shall be determined through non-language assessment procedures.

B. Communication is an effort or is unintelligible.

C. Significant deficits in educational progress are evident.

III. PROCEDURES FOR SCREENING

A. Follow the requirements specified under the General Screening Procedures Section.

B. Speech and Language Screening:
According to appropriate diagnostic procedures used, the expressive and/or receptive skills indicate a difference at least 24-36 months from the norm. The language problem interferes with communication and educational progress and is usually accompanied by a phonology problem.

IV. PROCEDURES FOR EVALUATION

A. Individually conducted evaluation of the student's receptive, integrative and expressive language functioning in verbal and gestural channels. Children who use language boards for communication shall be assessed utilizing this medium. This assessment is conducted by a licensed speech pathologist or certified speech/hearing/language specialist utilizing appropriate standardized instruments and other diagnostic procedures and shall include a formal or informal analysis of overall communication skills.

B. Individual assessment of current academic and educational functioning utilizing standardized instruments.

C. An interview with the child's parent(s) to obtain developmental and health history information and to determine if any other factors may be causing, contributing to or sustaining the language problem.

D. Psychological and/or medical assessment shall be obtained by the evaluation coordinator when appropriate.

V. RE-EVALUATION

The re-evaluation of children classified as severe language disordered shall include:

1. All requirements specified under the Individual Evaluation Process: Re-Evaluation Section.

2. A language assessment as described under the Procedures for Evaluation Section above.

SPEECH IMPAIRED

I. DEFINITION

Speech impaired means a communication disorder such as stuttering, impaired articulation, a language impairment, or a voice impairment which adversely affects a child's educational performance.

NOTE: The basic communication system (whether verbal, gestural or graphic) evidences disorders or deviations in language, articulation, fluency or voice, which interferes with the child's educational performance.

Children who meet the criteria for any other exceptionality specified in this Bulletin shall not be classified as speech impaired, but may receive speech therapy as a related service if they meet the criteria for eligibility specified below.

II. CRITERIA FOR ELIGIBILITY

Criteria A and B must both be met.

A. There is evidence that the problem interferes with the child's educational performance.

B. The student demonstrates one or more of the defined impairments to a degree inappropriate for his cultural and social background, chronological age, stage of development (other than language) or sex.

1. Language. Impaired receptive, associative (e.g., comprehension, perception, organization, understanding, memory), or expressive disorders of phonology, morphology, syntax or semantics.

   Mild/Moderate. According to appropriate diagnostic procedures used, the expressive and/or receptive skills indicate a difference of 12-24 months from the level of language skills expected for the child's cultural and social background, chronological age, stage of development other than language, or sex. Conversational speech shows definite indications of a language deficit. Pre-school children, age 0-4 inclusive, shall exhibit a delay of from 6-12 months.

   Moderate/Severe. According to appropriate diagnostic procedures used, the expressive and/or receptive skills indicate a difference of more than 24 months from the level of language skills expected for the child's cultural and social background, chronological age, stage of development other than language, or sex, and the child does not meet the criteria for severe language disordered. Preschool children, age 0-4, inclusive, exhibit a delay of more than 12 months.

NOTE: Pupils suspected of having exceptionalities other than speech/language shall have their language behavior compared with their stage of development in areas other than language. Pupils not suspected of exceptionalities other than speech/language shall have their language behavior compared to that expected for their chronological age.

Children with language delays greater than those described in mild/moderate shall be evaluated according to the criteria for severe language disordered.

Language is a very broad area, encompassing aspects of content (semantics, meaning), form (morphology, syntax) and usage (function, pragmatics). Some language difficulties cannot be described as a difference in months from the norm either because specific norms are not available (as in language usage) or because the individual's language is deviant in a way not described adequately by developmental norms. In such cases language samples should be analyzed and language behavior documented with deviations described in various settings. Severity should be judged by considering to what degree language behavior affects communication.

There is a possibility of misclassification inherent in using only one aspect of language behavior as a criterion. Language should be looked at in terms of content, form, and usage, and an overall picture of language behavior should be described.

2. Articulation. Non-maturational speech disorders characterized by omission or incorrect production of speech sounds due to faulty placement, timing, direction, pressure, speed, or integration of the movement of the lips, tongue, velum, or pharynx. In all cases, phoneme development should be below normal limits for developmental age and cultural background in order to constitute an articulation disorder.

   Mild/Moderate. One or more phonemes consistently misarticulated, whether substituted, omitted, or distorted. Sounds may be stimulable.

   Severe/Profound. Speech is unintelligible some or most of the time. Some phonemes may be stimulable. Pupil shows signs of frustration and may refuse to speak at times.

3. Fluency. Inappropriate rate and time patterning of speech characterized by any of the following: sound and syllable repetitions, sound prolongations, audible or silent blocking, interjections, broken words, circumlocutions, or words produced with an excess of tension and accompanied by ancillary movements that are indicative of stress or struggle.

Mild/Moderate. Child exhibits 3-10 percent rate of disfluency. Child may be unaware of problem or may be beginning to exhibit struggle behavior. Parents, peers, and others may be aware and concerned about the problem.

Severe/Profound. Child exhibits more than 10 percent rate of disfluency. Child is aware of the problem and varying degrees of struggle behavior are evident. Communication is often an effort and complete blocking may occur.

NOTE: Rate of disfluency may be calculated by eliciting a representative sample of conversational speech and/or oral reading and dividing disfluencies by total words. A child exhibiting normal nonfluencies occurring during the developmental speech stage does not meet these criteria.

4. Voice. Any consistent deviation in pitch, intensity, quality or other basic verbal attribute which is inappropriate to age, sex or culture.

   Mild/Moderate. A voice disorder which causes a slight but chronic deviation as noted by a trained listener.

   Severe/Profound. A voice disorder which causes a chronic and significant deviation which is noticeable to an untrained listener and may interfere with intelligibility.

III. PROCEDURES FOR SCREENING

A. All requirements specified under General Screening Procedures: Vision Screening shall be considered current if normal results have been obtained within the past two years and no problems are currently suspected.

IV. PROCEDURES FOR EVALUATION

A. A speech/language evaluation shall be conducted by a licensed speech pathologist or certified speech/hearing/language specialist and shall include:

   1. Use of standardized test instruments and/or published normative data in speech pathology or child development.

   2. Formal or informal analysis of a communication sample.

   3. Additional information gathered from sources such as criterion-referenced materials, communication related data collected by other professionals (including other pupil appraisal personnel and teachers), and classroom observations related to communication skills.

   4. An evaluation of the structure and function of the oral peripheral mechanism.

B. An educational assessment to determine if the speech impairment interferes with the child's educational performance and progress.

1. This assessment may be conducted by the child's classroom teacher and shared with the certified speech/hearing/language specialist or speech pathologist when the suspected impairment is of mild/moderate severity.

2. The evaluation shall include additional assessment(s) conducted by appropriate pupil appraisal staff member(s) when the suspected impairment is moderate/severe language or severe/profound articulation, voice, or fluency.

C. In all cases a child with a suspected voice impairment shall receive an evaluation conducted by an appropriate medical specialist.

D. Information from a parent conference or other communication with the parent(s) shall be obtained in order to determine if developmental, health or other factors may be causing, contributing to, or sustaining the speech/language problem.

E. Medical, psychological, and additional educational assessments shall be requested by the evaluation coordinator when appropriate to the evaluation of a suspected disability.

V. RE-EVALUATION

The re-evaluation of children classified as speech impaired shall consist at a minimum of the following:

A. All requirements as specified under the Individual Evaluation Process: Re-Evaluation Section.

B. Description of current speech/language behavior gathered through observation and language sampling. Standardized instruments may be used when deemed necessary by the evaluation coordinator.

C. Recent report of hearing acuity.

TALENTED

I. DEFINITION

Talented is possession of demonstrated abilities that give evidence of high performance in visual and/or performing arts.

II. CRITERIA FOR ELIGIBILITY

The student must meet Criteria A and B or A and C.

A. Documentation by the student's regular art, music, or theater teacher that the student's needs in the area of suspected talent cannot be met in regular art, music, or theater education program.

B. Creative abilities in visual and/or performing arts grades K-6.

1. Music: According to the approved music evaluation instruments, the music skills indicate a mean score of at least 30 or a minimum score of 95% in music skills on the appropriate scales, or

2. Theater: According to the approved evaluation instruments, the theater skills will indicate at least an average rating of 13 on the appropriate scales, or

3. Visual Arts: According to approved evaluation instruments, the visual arts skills will indicate an average rating of at least 13 on the appropriate scales.

C. Creative abilities in visual and/or performing arts for grades 7-12.

1. Music: According to the state approved evaluation instruments for classical, instrumental, or vocal sub-areas, the skills will average at least 13 points, or

2. Theater: According to the state approved theater evaluation instruments, the skills will average at least 13 points, or

3. Visual Arts: According to the state approved evaluation instruments, the visual arts skills will average at least 13 points.

III. PROCEDURES FOR SCREENING

A. On the state approved tests of divergent production the student must score at least one and one-half standard deviations above the mean for the present

grade placement, or the student must rate "almost always" on the state approved rating scales of art, theater, or music as completed by the student's art, music or theater teacher.

B. Sensory screening shall be conducted whenever vision and hearing problems are suspected.

IV. PROCEDURES FOR EVALUATION

The minimum evaluation for a student shall be:

A. An evaluation of performance conducted simultaneously, independently and without discussion of results by at least two specialists in the arts utilizing state approved procedures and instruments.

B. A pupil appraisal evaluation coordinator shall be designated from the pupil appraisal program who shall integrate all evaluation results into an integrated report which indicates whether or not the student is talented, consistent with the criteria for the appropriate talent classification.

C. The parish shall select specialists in music, theater, or visual arts who meet Criteria 1 and 3, or 2 and 3.

1. Possess an advanced degree in music, theater, art education, or fine arts, and currently be employed in that field, or

2. Be recognized as a performing artist in the community, state or nation, and

3. Be approved by the State Department of Education, Office of Special Educational Services, Bureau of Psychological and Social Work Services.

V. RE-EVALUATION

The re-evaluation of children classified as talented shall include those requirements specified under the Individual Evaluation Process: Re-Evaluation Section.

VISUALLY HANDICAPPED

I. DEFINITION

A visual handicap is a visual impairment which, even with correction, adversely affects a child's educational performance. The term visual handicap includes both blind and partially seeing children.

II. CRITERIA FOR ELIGIBILITY

The student must meet Criterion A and one of B, C, D or E.

A. Loss of vision which affects the student's ability to perform academically and requires the use of specialized textbooks, techniques, materials, and equipment.

B. Visual acuity in the better eye with best possible correction of:

1. Blindness - 20/200 or less, or

2. Partially seeing - 20/70 or less, or

C. Peripheral field so contracted that the widest diameter of such field subtends an angular distance no greater than 20 degrees and that it affects the student's ability to learn, or

D. Progressive loss of vision which may in the future affect the student's ability to learn, or

E. Other blindness as verified by an ophthalmologist whose report must include a description of the ocular pathology.

III. PROCEDURES FOR SCREENING

A. Follow General Screening Procedures.

B. The Denver Developmental Screening Test or other state approved developmental screening test (if the child is less than 6 years of age), administered by persons trained in the use of this instrument.

IV. PROCEDURES FOR EVALUATION

The minimum evaluation shall consist of:

A. An eye examination by an ophthalmologist or optometrist;

B. An educational evaluation for the purpose of identifying educational and environmental adjustments needed.

C. An evaluation of adaptive behavior which focuses specifically on mobility skills and independent functioning.

D. A family evaluation conducted by a social worker or other appropriate pupil appraisal staff member which provides information concerning the family strengths and weaknesses and the nature of the parent-child relationships.

V. RE-EVALUATION

The re-evaluation of children classified as visually impaired shall consist of the following:

A. Those requirements specified under the Individual Evaluation Process: Re-Evaluation Section.

B. An eye examination conducted by an ophthalmologist or an optometrist. If the child's impairment is a progressive loss of vision, this re-evaluation shall occur yearly.

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APPENDICES

APPENDIX A

CLARIFICATION OF TERMS

A. "To a significant degree." A determination of the importance of the academic and/or behavioral problem(s) by the pupil appraisal personnel by examining:

1. the rate, frequency or number of occurrences,
2. the duration of the inappropriate behaviors,
3. the intensity or force with which the behavior is performed, or
4. the multiplicity or number of inappropriate behaviors.

B. "Reasonable amount of time." A critical factor in the evaluation of a child through the pupil appraisal assessment program is the effectiveness of the specific behavioral or instructional intervention implemented by pupil appraisal personnel and the child's teacher. Such interventions should be given a chance to succeed, since they may resolve the problem and eliminate the need for special education. Intervention could last 60 days, or longer, and such factors as the force, frequency, duration and longevity of the child's problem and the rapidity of behavior change should be considered in each case in determining what is "reasonable."

C. "Significantly modify." A change in behavior is demonstrated to such a degree that, with continuation of the intervention program by the regular teacher and, when necessary, minimal pupil appraisal or student services support, the student could continue in the regular eduation program.

D. "Measurement of the behavior of concern." The measurement of the rate, duration, magnitude and frequency of a certain behavior through such techniques as:

1. Behavior problems:
   a. Direct observation
   b. Behavior checklists
   c. Behavior rating scales
   d. Self report measures
2. Academic problems:
   a. Counting the number or percent of items or assignments completed,

b. Counting the number of errors on a task,

c. Counting the number of correct responses on a task, and

d. Recording the amount of time spent on a task.

E. "Educational Performance." Educational performance reflects the total involvement of the child in the school environment. It includes such things as the child's social interaction, emotional development, communication behavior, and participation in classroom activities as well as academic achievement.

F. Qualified Examiners refers to those individuals certified by the Board of Elementary and Secondary Education as qualified in their discipline to conduct evaluations of children suspected of being exceptional. Private practitioners/employees of other agencies must be licensed, registered or certified by their respective statutory professional board.

G. Low-incidence impairments include autistic, visually handicapped, hearing impaired, orthopedically handicapped, other health impaired, deaf/blind, severe language disordered, multi-handicapped, handicapped infants, and the seriously emotionally disturbed.

H. Formal parental approval refers to full and informed consent according to federal/state/local guidelines. Parental permission differs from formal parental approval and is required prior to any direct intervention with a student.

APPENDIX B

SCHOOL PSYCHOLOGIST EXPANDED ROLE APPLICATION

_____ _____
(Name) (Phone)

_____ _____
(Employed by) (Time in current position)

_____ _____
(Address) (Years experience in School Psychology)

_____
(City/State/Zip Code)

_____ _____ _____
(Certification Type and Number) (Level) (Date issued)

Instructions: Specify under each criterion the course work or experience which you believe meets the requirements.

Criterion A: At least 3 semester hours in psycho-educational assessment, educational diagnosis, or academic assessment which includes the administration, scoring and interpretation of academic achievement tests.

_____

_____

_____

Criterion B: At least 3 semester hours in the remediation of reading or learning problems or diagnostic-prescriptive instruction.

_____

_____

_____

Criterion C: At least 3 semester hours in course work covering behavioral intervention strategies in the classroom.

_____

_____

_____

Criterion D: Documented practicum, internship, or work experience in the conduct of psycho-educational assessments.

_____

_____

_____

This form should be completed, a copy of your transcripts attached, and returned to:

Supervisor of School Psychological Services
Louisiana State Department of Education
Office of Special Educational Services
Post Office Box 44064
Baton Rouge, Louisiana 70804

APPENDIX C

The Renzulli-Hartman Scale
For Rating Behavioral Characteristics of Superior Students

Name_____ Date_____

School_____ Grade_____ Age_____

Teacher or person completing this form_____

How long have you known this child?_____ Months.

DIRECTIONS: These scales are designed to obtain teacher estimates of a student's characteristics in the areas of learning and motivation. The items are derived from the research literature dealing with characteristics of gifted and creative persons. It should be pointed out that a considerable amount of individual differences can be found within this population; and therefore, the profiles are likely to vary a great deal. Each item in the scales should be considered separately and should reflect the degree to which you have observed the presence or absence of each characteristic. Since the four dimensions of the instrument represent relatively different sets of behaviors, the scores obtained from the separate scales should not be summed to yield a total score. Please read the statements carefully and place an X in the appropriate place according to the following scale of values.

1. If you have seldom or never observed this characteristic.
2. If you have observed this characteristic occasionally.
3. If you have observed this characteristic to a considerable degree.
4. If you have observed this characteristic almost all of the time.

Space has been provided following each item for your comments.

SCORING: Separate scores for each of the three dimensions may be obtained as follows:

Add the total number of X's in each column to obtain the "Column Total."
Multiply the Column Total by the "Weight" for each column to obtain the "Weighted Column Total."
Sum the Weighted Column Totals across to obtain the "Score" for each dimension of the scale.
Enter the Scores below.

Learning Characteristics. . . . . _____
Motivational Characteristics . . . . . _____

PART I: LEARNING CHARACTERISTICS

*1	2	3	4

1. Has unusually advanced vocabulary for age or grade level; uses terms in a meaningful way; has verbal behavior characterized by "richness" of expression, elaboration, and fluency.

2. Possesses a large storehouse of information about a variety of topics (beyond the usual interests of youngsters his age).

3. Has quick mastery and recall of factual information.

4. Has rapid insight into cause-effect relationships; tries to discover the how and why of things; asks many provocative questions (as distinct from information or factual questions); wants to know what makes things (or people) "tick."

5. Has a ready grasp of underlying principles and can quickly make valid generalizations about events, people, or things; looks for similarities and differences in events, people, and things.

6. Is a keen and alert observer; ususally "sees more" or "gets more" out of a story, film, etc. than others.

7. Reads a great deal on his own; usually prefers adult level books; does not avoid difficult material; may show a preference for biography, autobiography, encyclopedias, and atlases.

8. Tries to understand complicated material by separating it into its respective parts; reasons things out for himself; sees logical and common sense answers.

*1--Seldom or never
2--Occasionally
3--Considerably
4--Almost always

PART II: MOTIVATIONAL CHARACTERISTICS

1. Becomes absorbed and truly involved in certain topics or problems; is persistent in seeking task completion. (It is sometimes difficult to get him to move on to another topic.)

2. Is easily bored with routine tasks.

3. Needs little external motivation to follow through in work that initially excites him.

4. Strives toward perfection; is self critical; is not easily satisfied with his own speed or products.

5. Prefers to work independently; requires little direction from teachers.

6. Is interested in many "adult" problems such as religion, politics, sex, race--more than usual for age level.

7. Often is self assertive (sometimes even agressive); stubborn in his beliefs.

8. Likes to organize and bring structure to things, people, and situations.

9. Is quite concerned with right and wrong, good and bad; often evaluates and passes judgment on events, people, and things.

*1	2	3	4